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Draft country programme document**

Azerbaijan

Summary

The Executive Director presents the draft country programme document for Azerbaijan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,760,000 from regular resources, subject to the availability of funds, and $4,700,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2009.

* E/ICEF/2004/8.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

04-28776 (E) 160404

Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	3.0
U5MR (per 1,000 live births)	105
Underweight (%, moderate and severe) (2001)	7[a]
Maternal mortality ratio (per 100,000 live births, 2001)	25
Primary school enrolment (% net, male/female, 2000)	88/88
Primary school children reaching grade 5 (%, 2000)	99
Use of improved drinking water sources (%, 2000)	78
Adult HIV prevalence rate (%, 2001)	< 0.1
Child work (%, children 5-14 years old, 2000)	8
GNI per capita (US$)	710
One-year-olds immunized against DPT3 (%)	97
One-year-olds immunized against measles (%)	97

[a] Age group 3-59 months.

The situation of children and women

1. Azerbaijan has experienced a prolonged and difficult political, social and economic transition. It also has the opportunities and problems of an economy dependent on a single sector-energy. The country is oil-rich, but the benefits of rapid economic growth, driven primarily by foreign direct investment, have not been felt by the majority of the population, one half of whom live in poverty and whose social indicators are deteriorating.

2. The long-standing conflict with Armenia remains unresolved. Displacement from the conflict in 1991 continues to cause human suffering today. There are over 1 million internally displaced persons (IDPs) and refugees from Armenia and other countries, over one half of them women. Displacement confers a high degree of vulnerability, with levels of poverty that are 20 per cent percent higher than the national average.

3. The infant mortality rate is high, at 79 per 1,000 live births. The 1999 census indicated that one fifth of economically active citizens considered themselves jobless. Unemployment among young people between 20 and 35 years of age is as high as 60 per cent, and is a major factor contributing to poverty in the country.

4. The Committee on the Rights of the Child has made recommendations to strengthen the legislative framework in the area of child rights. Consistent with these recommendations, the Government has ratified the two Optional Protocols to the Convention on the Rights of the Child and International Labour Organization (ILO) Convention 182 on the worst forms of child labour. These achievements were reflected in Azerbaijan's second report to the Committee. The National Plan on Street and Neglected Children was adopted by the Cabinet of Ministers in 2003, but is yet to be implemented in full. Much remains to be done to implement all of the Committee's recommendations, particularly in terms of institutional capacity development and behavioural change to fill the policy gaps and to operationalize existing commitments.

5. Discrepancies with official statistics make international comparisons and assessment of trends difficult. Inadequate standards for collecting official data have resulted in underestimation of the problems facing the country. The most important gap in official and survey data is found in infant, child and maternal mortality rates. Azerbaijan has the highest child mortality rate in the Commonwealth of Independent States, which is particularly striking given its per-capita gross national product.

6. Respiratory disease is the main killer of infants, accounting for approximately one half of total deaths, with diarrhoeal diseases as the second most frequent cause. Children's poor nutritional status is a major underlying cause of child mortality. One in six children under five years of age is underweight and almost one fifth of children are stunted. These figures hide significant regional disparities; for example, children under five years of age in Nakchivan Autonomous Republic and West and Southwest have levels of severe stunting that are twice the national average. Household wealth appears to correlate very strongly with nutritional status. Levels of underweight among children in households living in poverty are twice those of wealthier households.

7. As many as 15 per cent of births in the country may go unregistered, on account of bureaucratic procedures and the existence of informal payments for registration. Surveillance systems on sexually transmitted infections and HIV/AIDS remain weak.

8. The rate of household consumption of iodized salt reached 70 per cent in 2003, bringing universal salt iodization closer. According to the recent survey results, four out of five children under five years of age have vitamin A deficiency, while almost one fifth of women suffer from anaemia.

9. Only 11 per cent of children attend some form of pre-school, with large discrepancies between rural (4 per cent) and urban (19 per cent) areas. More than two thirds of pre-schools are also in a poor state of repair. Attendance at early childhood programmes is most common in Baku (20 per cent) but almost non-existent in the south of the country, where less than 1 per cent of children do so.

10. The quality of education has deteriorated since the transition began. Many teachers have left the educational system because of the declining value of their salaries and a deteriorating school environment. Although enrolment rates are monitored regularly, no routine data are gathered on attendance rates disaggregated by gender. A Ministry of Education study on learning achievements found that girls are particularly disadvantaged. These findings are not conclusive and merit further investigation.

11. HIV/AIDS is beginning to spread in the country. According to recent government statistics, there are 587 cases of HIV/AIDS in Azerbaijan, one fifth of which are females. In one half the reported cases, injecting drug use was the main mode of transmission, with sharing of needles the major immediate cause. Knowledge about HIV/AIDS and its prevention is weak. Only one third of 10-18-year olds know about HIV/AIDS and slightly more than the two thirds of young people aged 19-24 years believe that the disease can be prevented. HIV/AIDS is not being addressed with the seriousness warranted, and sociocultural traditions prevent open discussion.

12. Approximately 10 per cent of children do not live in a family environment and a significant number of them live in institutions. Precise numbers are not known, as

no comprehensive survey has been carried out. A prevailing belief that children are better taken care of in an institution, combined with low household income and poor regulatory mechanisms, contributes to this situation.

13. Approximately 24 of Azerbaijan's 65 regions are believed to be contaminated by landmines and unexploded ordnance (UXO). During the first 10 months of 2003, 13 people were killed and a further 12 injured by landmine or UXO explosions. Of the total number of people killed by a landmine or UXO to date, 13 per cent have been children. Unresolved conflict in the region and problems of access rule out mass clearing of landmines.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

14. As part of its contribution to the challenge of child survival, UNICEF developed a partnership with the World Bank to reform the primary health care (PHC) system. The project aims to build up the capacities of the Ministry of Health, to learn from district-level PHC reform interventions and to extend and adjust this approach from the existing five districts to the five new districts selected for wider replication and nationwide policy adoption. Involving the Ministry, UNICEF and the World Bank, the project aims to address the country's problems of child and maternal mortality and morbidity. The project has resulted in rationalization of services for both in-patients and out-patients in the target districts, and in increased community participation in the management and delivery of health services. Capacity-building activities have strengthened the management and clinical capabilities of district health personnel, particularly in the rational use of drugs. These achievements have resulted in increased coverage and utilization of services.

15. The Government committed itself to take over responsibility for the procurement of the vaccines of the expanded programme on immunization as of 2003. The preparation of the Poverty Reduction Strategy Paper (PRSP) provided a major opportunity to include children's and women's rights in the national planning process. Close collaboration with partners ensured that priorities for children and women were central to the national plan to reduce poverty. Additionally, the inclusion of indicators from the multiple indicator cluster survey (MICS) in the monitoring of the PRSP ensures that non-monetary indicators of poverty are included in the statistics.

16. A partnership with the United States Agency for International Development, similar to the one with the World Bank, strengthened PHC services in IDP/refugee camps and contributed to reducing iodine deficiency disorders through universal salt iodization (USI). Kiwanis International also provided support for USI.

17. Major pieces of legislation to protect breastfeeding and promote the use of iodized salt were enacted during the programme period. The consumption of iodized salt increased from 44 per cent of households in 2002 to 70 per cent in 2003, and the sale of iodized salt in the market increased from 30 to 68 per cent in the same period. There was significant progress in developing policies for de-institutionalization of children and for integrated early childhood development (IECD). The law on foster care is currently under discussion by the Parliament and a

partnership is being built with all concerned agencies, including key government agencies under the Cabinet of Ministers, the Ministry of Education and the Commission on Minors, as well as international (Save the Children USA, World Vision) and local (United Aid for Azerbaijan) non-governmental organization (NGOs). The ratification of the European Social Charter and ILO Convention 182 has laid the legal foundation to protect children from exploitation.

18. A network of 25 schools practising active learning approaches has been established, encompassing child-centred, competency-based teaching and learning with parental involvement in school governance. The enrolment rate for pilot schools applying these methods increased by 10 per cent between 2000 and 2002. In five pilot schools, parent-teacher associations (PTAs) have improved school management and helped to bridge the gap between schools and communities. Although new, the experience with PTAs has been successful, according to assessments conducted, and a national conference has agreed that it should be a model for national application. A policy to implement active learning nationwide is currently under preparation.

19. Based on the needs assessment and pilot implementation of IECD, a project is being designed and initial agreement has been reached with the Asian Development Bank to support the Government in scaling up the interventions from pilot to national level. The pilot interventions have demonstrated that parents, when organized into community action teams and given support, can ensure the availability of funds to sustain the centres, thus providing a sustainable model of a community-based approach to child care and child-rearing. Additionally, the knowledge and skills of care providers and parents have been strengthened, resulting in better early learning experiences for young children from some of the poorest families.

20. The concept of youth participation has evolved considerably, with children and young people beginning to be seen as partners who can make a unique contribution in their country. The active participation of children and youth in several programme activities has proved to be a major asset. The importance of the youth resource centres established by the Ministry of Education was validated by an external evaluation conducted in 2002.

Lessons learned

21. The previous country programme was structured along sectoral lines, with components focusing on health and nutrition, education, special protection, young people's health and development and planning and policy development. Under this structure, it proved difficult to achieve integration and focus on key goals and results requiring the contribution of different programmes. As indicated above, some significant gains were made during the programme period, but child survival must and will remain a priority for UNICEF. In addition, however, experience has shown that only by addressing the larger issue of system reform can the problems facing children be adequately addressed. Therefore, through strategic use of UNICEF resources, the new programme will focus on support to policy development and implementation; building of family and community capacities to care for children (as in the development of PTAs under the active learning programme or the PHC reform project); and development of institutional capacities to provide the services needed to ensure children's rights.

22. The problem of children being placed in institutions is very complex, and recent experiences demonstrate the need for a systemic approach. It should combine social support for families at risk with the promotion of inclusive services and reform of the child-care system, including the availability of family-based care alternatives. As a result of advocacy work, the Government has committed, as part of the PRSP, to enhance administrative structures for an efficient management and delivery of social assistance. This will include the implementation of targeted social benefits, the development of a training curriculum for social workers and the reintegration of institutionalized children into their biological families.

23. The establishment of community health councils has proven to be successful in enhancing community participation in the management of health services, within the overall framework of the PHC project supported by the World Bank. Community members have discovered the difference they can make in their own lives with little financial support. This initiative demonstrates that information, communication and community involvement enable community members to identify health concerns relevant to them and to develop local plans to enhance public health services.

The country programme, 2005-2009

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Policy, planning and advocacy	1 490	1 700	3 190
Community-based integrated services	2 770	3 000	5 770
Cross-sectoral costs	500	-	500
Total	**4 760**	**4 700**	**9 460**

Preparation process

24. The preparation of the 2004-2009 programme of cooperation began in 2003 with the formulation of the Common Country Assessment (CCA), a process that continued through the preparation of the United Nations Development Assistance Framework (UNDAF), which was finalized in March 2004.

25. The UNICEF programme is based on the CCA, the UNDAF and national priorities as outlined by the PRSP. It is the result of intense consultations with government and other partners, including civil society organizations (CSOs), bilateral development agencies, children and young people. A Joint Strategy Meeting including the Government, CSOs, children and young people, endorsed the UNDAF and the proposed UNICEF programme of cooperation. Priority areas of action addressed by the UNDAF are twofold, with the first one related to ensuring an enabling environment for development, poverty reduction, and respect for rights and freedoms by the system of governance; and the second one focusing on basic needs of the population for health and education.

Goals, key results and strategies

26. The overarching goal of the programme is to support the Government in progressively realizing the rights of children and women and creating an enabling environment for children. In doing so, it aims to enhance capacities of families, communities and civil society to nurture and protect children, with a strategic focus on the most vulnerable groups.

27. Improved survival and nutritional status of children and women will be a key outcome of the country programme, as will increased participation of children and women, and enhanced protection of children from abuse, neglect, violence and exploitation. More children will grow up in a family environment. In order to achieve these outcomes, the capacity of the Government, local authorities and communities to plan, manage, and implement integrated programmes for children and women will be strengthened. There will be a concerted effort to improve emergency preparedness capacities.

28. In order to effectively achieve these results, the country programme will operate at both national and subnational levels. At the national level, policy development will be based on lessons learned from successful demonstration projects based on feedback from focus districts, as well as international best practices. A key factor in policy development will be strengthening national capacities for data collection and management of information systems in accordance with international standards.

29. At the local level, in eight selected focus districts covering approximately 10 per cent of the country's population, an integrated approach will be adopted for multisectoral activities and services to benefit women, children and young people. Community-driven models of early childhood education and development will be implemented. Family-based approaches to protect children and promote their participation will be implemented, adopting lessons learned from the PHC reform project and other integrated community-based interventions. "Youth-friendly" services will be supported. The intention is both to demonstrate good practices which have the potential for scaling up nationally and to reduce disparities in terms of access to quality services. The focus districts will be selected based on a set of criteria including their vulnerability, high mortality and morbidity rates, higher than the average malnutrition rates and low rates of school attendance and completion.

30. Expanding and sustaining partnerships will be vital for creating an environment conducive to the realization of children's and women's rights. New partnerships with district authorities, as part of decentralization and integration at local levels, will be central to the programme. Other key partners will include the Office of the Ombudsman for Human Rights and the National Parliament. Other key constituencies for children, such as the legal profession, CSOs and the business sector, both national and international, will be an important focus for building partnerships.

31. The programme will address the needs and rights of key vulnerable groups, one of the largest and most important of which is IDPs. Working within the framework of the Guiding Principles on Internal Displacement, UNICEF will support the Government in delivery of social services to IDPs.

Relationship to national priorities and the UNDAF

32. The country programme directly addresses several key national priorities as stated in the PRSP. These include improved quality of and equity in access to, basic health and education services, reform of the existing system of social protection to give more effective protection to the vulnerable, and improved living conditions and opportunities of refugees and IDPs. The country programme is derived from the UNDAF and contributes to the achievement of three of its four outcomes, namely: (a) the State will improve its delivery of services and its protection of rights, with the involvement of civil society and in compliance with its international commitments; (b) improved health and nutrition, particularly of women, children and vulnerable groups; and (c) improved quality of education.

Relationship to international priorities

33. The UNDAF and the UNICEF programme are informed by the Millennium Development Goals, the goals of *A World Fit for Children* and the priorities of the UNICEF medium-term strategic plan. The Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women also form the foundation for the country programme.

Programme components

Policy, planning and advocacy

34. The programme will address gaps in the legislative framework in the area of child rights, the poor translation of legislation into good policy and practices, the poor or lack of capacity of individuals and institutions responsible for ensuring children's and women's rights, and the need to improve and standardize data for some key indicators.

35. The programme will seek to impact the policy-making environment. Through advocacy, it will strengthen information systems in order to make planning more responsive to the situation of children and women. It will also improve reporting on and monitoring of the country's obligations under the Convention on the Rights of the Child. In addition, this programme will be the focus for emergency preparedness, including mine-awareness education for children and advocacy for the ratification of the Ottawa Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction.

36. UNICEF will specifically work in the area of social policy to support the development and implementation of legislation, policy and plans of action in the areas of health, nutrition, education, child development, child protection and young people's health, development and participation. This will include policy support for scaling up of key activities, especially the active learning initiative, PTAs and youth resource centres, as well as the implementation of the PHC reform.

37. Special emphasis will be on research and analysis to further develop management information systems in the health and education sectors. Birth and death registration will be given priority, along with generating data on children in needs of special protection. The *DevInfo* system will be used to track progress towards the Millennium Development Goals and assess the situation of children and women. The programme will also strengthen emergency preparedness and response

by monitoring and updating scenarios and contingency plans, and building up national capacities for contingency planning.

38. The programme will have a component on capacity-building and monitoring of children's and women's rights, within the framework of the two Conventions, by relevant government counterparts, including the Cabinet of Ministers and the Ministry of Foreign Affairs. Additionally, it will support the building of the capacities of the Ombudsman's Office, an important new partner in implementing and monitoring child rights. Government staff in key ministries will be more knowledgeable on the provisions of the two Conventions and about human rights in general.

39. Strong and effective partnerships and alliance-building with the media, parliamentarians, academic institutions, NGOs and the private sector on child rights and needs will, through advocacy and communication, increase the knowledge information base in the country. The participation of children and youth in the development of high-quality media products will increase media coverage on issues affecting children and youth. A course on children's rights will be included in the curriculum for training journalists.

40. Regular resources will be used to implement the minimum of activities necessary to achieve the stated results. Other resource will provide further opportunities for additional support to development of the planning capacities of government institutions and support additional studies and research for enhanced evidence-based advocacy and capacity-building of key constituencies for children.

Community-based integrated services

41. This programme will address the lack of integrated programmes for women and children, the lack of experience in community and district-level planning for, and management of, social services, and the need for system reform both to promote the obligations of service providers and to strengthen rights of communities and families to demand those services. The programme will target focus districts using integrated services and will demonstrate a more effective, community-driven model of comprehensive child care and protection. The programme will draw on community participation methods tested in the previous programme of cooperation.

42. Through a health and nutrition component, the programme will aim to strengthen the service-delivery system and develop community and family care schemes. All health facilities in the focus districts will implement the Integrated Management of Childhood Illness approach, utilize safe motherhood and care practices for newborns and improve support for breastfeeding and access to micronutrients. It will also emphasize protection of children from abuse, as well as early identification of, and response to, childhood disability. Emphasis will be on improving the accessibility, affordability and quality of services. Such services will be accountable to the communities that use them and will be more responsive to the needs of vulnerable children and families.

43. Appropriate health, nutrition and child-rearing practices for the young child will be promoted through community and service-delivery channels. Existing mothers' support groups, currently promoting breastfeeding, will focus on appropriate child-care practices, including immunization and early childhood stimulation. In immunization, the programme will focus on improved recording,

reporting and use of vaccination cards, monitoring immunization safety practices and ensuring the availability of the cold chain.

44. A policy for active learning methodologies will be introduced nationwide. The programme will support this national policy in the eight focus districts to ensure that all primary-school students are educated in "child-friendly" schools. These schools will provide a safe, protective environment, where the physical integrity of each child is respected, where no child is discriminated against, where children learn critical thinking and life skills, and the attendance and learning achievements of each child are monitored and followed up. Community-based models of early childhood education and development will be piloted in the focus districts.

45. To ensure that children enjoy their right to be brought up in a family environment, the programme will develop and promote family-based strategies and models of alternative care by including child protection concerns in the protocols and training of health personnel and teachers, and by providing them with the tools needed to identify vulnerable children.

46. A component for young people's health, development and participation will aim to ensure that they have essential knowledge to choose healthy lifestyles. It will increase HIV/AIDS awareness and support prevention of substance abuse and acquisition of necessary life skills. Young people's participation in decisions affecting their lives will be maximized and mainstreamed, including within the family and in the policy-making process.

47. In the area of emergency preparedness and response, communities in the eight focus districts will be able to prepare their own contingency plans to better cope with potential risks.

48. Regular resources will support the delivery of a package of services and capacity-building of key government staff, community leaders and CSOs to support selected communities in the eight focus districts. Other resources will enable the inclusion of additional communities in the same districts, and enhanced partnerships and scaling up of interventions and approaches.

49. **Cross-sectoral costs** will cover recurrent costs, such as operating expenses, including utility bills, transportation, office equipment, as well as cross-sectoral staff costs and their travel.

Major partnerships

50. The Ombudsman's Office for Human Rights will be one of most important partners of UNICEF, monitoring violations of children's rights. A specialized Children's Bureau will be established and able to handle collective and individual cases of rights violations and to advocate for children's rights.

51. Current national effort to de-institutionalize children have fostered a strong network of partners including the European Commission, which is developing a system for financial support to vulnerable families through targeted child allowances. The World Bank and Save the Children USA are also significant actors in the de-institutionalization efforts. World Vision will be instrumental in coordinating community efforts by NGOs.

52. A similar network to develop national polices and plans for IECD has been formed. An important new partner in this effort is the Asian Development Bank,

which is committed to support the development of a policy and allocate resources accordingly.

53. Collaboration with United Nations agencies will take place within the UNDAF. The UNICEF country programme shares outcomes with those of the United Nations Development Programme (HIV/AIDS, poverty monitoring), the United Nations Population Fund (maternal and child health, HIV/AIDS), World Food Programme (education, de-institutionalization, early childhood) and the World Health Organization (HIV/AIDS, PHC reform).

Monitoring, evaluation and programme management

54. An integrated monitoring and evaluation plan will be developed for the coordination of research, monitoring and evaluation of the programme. The plan will provide information for the mid-year and annual reviews with all partners, including annual assessments of experiences in focus districts. A MICS will be conducted in 2005 to inform the progress and keep track of changes. The mid-term review of the programme will be carried out in 2007 and will include an assessment of the focus district strategy. In 2008, UNICEF will support an evaluation of the UNDAF in collaboration with United Nations agencies and government and other partners.

55. Key indicators for monitoring and evaluation purposes include infant, under-five and maternal mortality rates; the HIV/AIDS prevalence rate; the level of awareness of HIV/AIDS among youth; school attendance and completion rates and learning achievements. Specific results will form part of the country programme results framework. Raising the quality of official data to international standards is a key objective of both the UNICEF programme and the UNDAF. *DevInfo* will be introduced and the capacities of counterparts developed to use the system for effective monitoring, evaluation and planning purposes.

56. Responsibility for the overall leadership of the country programme lies with the Government under the auspices of the Cabinet of Ministers. At the district level, management and coordination of the programme will be by the district administration, with quarterly meetings of key Government, UNICEF, other United Nations agencies and non-governmental partners. Representatives of civil society, community members and children and young people will be active participants in these management and coordination meetings.

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Draft country programme document***

Bosnia and Herzegovina

Summary

The Executive Director presents the draft country programme document for Bosnia and Herzegovina for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $2,468,000 from regular resources, subject to the availability of funds, and $13,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2008.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.

** E/ICEF/2004/8.

*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	0.9
U5MR (per 1,000 live births)	18
Underweight (%, moderate and severe, 2000)	4
Maternal mortality ratio (per 100,000 live births, 2000)	31
Primary school enrolment (% net, male/female, 2000)	87/85
Primary school children reaching grade 5 (%)	99
Use of improved drinking water sources (%)	
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old, 2000)	11
GNI per capita (US$)	1 270
One-year-olds immunized against DPT3 (%)	80
One-year-olds immunized against measles (%)	89

The situation of children and women

1. Almost 10 years after the end of the war which lasted from 1992 to 1995, children in Bosnia and Herzegovina are growing up with a degree of security and stability. However, the realization of children's and women's rights is impeded by the legacies of that war. With most reconstruction completed, the country is grappling with post-war political structures and socio-economic transition. The Dayton Peace Agreement established Bosnia and Herzegovina as a State with limited central power, and assigned competency for social, educational, health care and fiscal policies to many levels of government and administration, including the State, the two entities of the Republika Srpska and the Federation of Bosnia and Herzegovina (and its 10 Cantons), and the District of Brcko. As the country prepares for accession to the European Union, there is increasing pressure to streamline this multitude of administrative and legislative layers. The Office of the High Representative (OHR) oversees implementation of the peace agreement with the authority to exercise executive powers, including law-making.

2. The weak economy impedes the progressive realization of social and economic rights. Despite signs of renewed economic growth and reduced inflation, the gross national income per capita of $1,270 is still considerably less than the pre-war, 1990 level. Although no extreme poverty exists, some 20 per cent the population live below the poverty line, and almost 50 per cent just above it. Over 30 per cent of the poor are under 18 years of age. Poverty is closely linked to discrimination, and many poor and vulnerable children are from families who experience discrimination on grounds of ethnicity, political affiliation, status as internally displaced persons (IDPs) or returnees, their residence in rural areas, gender or disability.

3. The Common Country Assessment (CCA) identified social exclusion as a key factor preventing citizens from contributing to and fully participating in society. As underlying causes, the CCA pointed to the importance of both institutional and direct individual discrimination with its origins linked to the political and administrative fragmentation along ethnic lines, attitudes within families and communities, and the lack of an enabling environment for the participation of civil society.

4. Post-war aid and reconstruction primarily addressed the humanitarian and developmental needs of children and women, but did not effectively tackle discrimination and social exclusion. This is also reflected in the general lack of relevant statistical information disaggregated by gender, ethnicity, age and social status, or information on living standards and the quality of life. The absence of up-to-date population data — the last national population census dates from 1991, prior to ethnic cleansing and displacement — renders most national-level data incomplete or inadequate.

5. Since 2000, the Government has adopted a number of frameworks and action plans (on child rights, combating human trafficking, mine action, HIV/AIDS, poverty reduction, gender equality, and primary and secondary education) relevant to the promotion of children's and women's rights. But the divergence of policies and practices resulting from the political and administrative fragmentation restricts their implementation. Basic and social services continue to be delivered in an uneven manner, a development reinforced by the absence of effective equalization mechanisms to supplement services in poorer regions with central-level funding.

6. Educational opportunities are uneven, depending on ethnicity and the wealth of Cantons. On average, primary-school enrolment rates are high at 94 per cent, but are only 33 per cent for Roma children. In rural communities, on average, children attend school for two fewer years than in urban areas. Children with special needs are often excluded. Distinct education systems in the entities promote ethnic separation. An increased number of minority returnee children are attending school following the adoption of the Interim Agreement on Accommodation of Special Needs and Rights of Returnee Children in 2003. Yet, bussing of returnee children outside school catchment areas continues. The ratio of boys to girls in education is mostly equal, but girls are still discriminated against among returnees, and in rural areas face cultural and economic barriers to schooling.

7. The under-five mortality rate of 18 per 1,000 live births is close to the Western European average, but there are concerns about underreporting. One fifth of children are not fully vaccinated. Only approximately 5 per cent of infants aged 0-3 months are exclusively breastfed. Opportunities for early childhood educational development are limited, particularly in rural areas and among minority populations. Some 90 per cent of Roma have no health insurance, effectively excluding them from access to health care. Despite recent inter-entity agreements on health and education, an estimated 50 per cent of IDPs and returnees still pay for their healthcare. Discriminatory practices and prejudice in the context of HIV/AIDS, mental illness, disability and drug addiction are prevalent among communities and professionals, reducing the quality of services and discouraging access. Health workers routinely demand illegal payment prior to examination. While reported prevalence rates for HIV/AIDS are low, a hidden epidemic may be masked among vulnerable and socially stigmatized groups. Research indicates that high-risk behaviour continues among intravenous drug users, men having sex with men and sex workers.

8. Discriminatory gender roles determine the allocation of labour and distribution of property and other resources. Women make up only 37 per cent of the workforce, the lowest rate in South-Eastern Europe, despite having higher levels of education than men. Studies by non-governmental organizations (NGOs) suggest that one in five women is employed below her level of qualification. Only an estimated 4 per cent of Roma women are formally employed. Men hold virtually all leading

positions at all levels of political structures. Discrimination is also manifest in the prevalence of and inadequate response to domestic and sexual violence and abuse.

9. Approximately 3,500 children live in public care, either in underfunded residential care institutions or with foster parents who receive little support to provide adequate care. Over 100 cases of child trafficking have been registered since 1999, but the real number is assumed to be much higher. Response mechanisms, however, remain ineffective. Over 1 million landmines still affect some 2,600 communities, placing an estimated 100,000 people at high risk of mine accidents and restricting access to services and development. The disadvantaged and socially excluded have no lobby and are largely invisible.

10. There is no enabling environment for participation at the community level, especially for children and young people. Families and schools struggling to provide basic needs rarely promote child participation in teaching, play and recreation. The media contribute to the perpetuation of social exclusion by conveying messages of stereotyping, segregation and distrust of those who are "different". Few media structures provide space for children and young people to discuss social issues. Public-private partnerships are hampered by outdated legal frameworks that impede service provision by NGOs and fail to ensure accountability of government institutions.

Key results and lessons learned from previous cooperation, 2002-2004

Key results achieved

11. The objective of the 2002-2004 country programme was to support the development of capacities of the Government and civil society in Bosnia and Herzegovina to promote and fulfil children's and women's rights, with a focus on policy development, child survival and development and child protection and participation.

12. UNICEF advocacy, technical assistance and support were instrumental to the formation of the Council for Children and the adoption of the State Plan of Action for Children 2002-2010; the National Advisory Board for HIV/AIDS and the National Strategy on Prevention and Fighting against HIV/AIDS; the joint working group of government and NGO experts and professional standards for licensing and certification of teachers; the working group and strategy on juvenile justice; and the working group and action plan on child trafficking. With UNCEF support, the Government prepared its initial country reports to the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women.

13. Building on the expertise of local NGOs and with support from the Government of Norway, UNICEF helped to establish multidisciplinary professional networks in four regions to strengthen responses to gender-based violence. With the support of the Canadian International Development Agency, UNICEF supported the first voluntary confidential counselling and testing services, reaching young people at high risk of HIV/AIDS infection. Together with NGO partners and social welfare ministries, UNICEF set up a comprehensive programme to strengthen child protection capacities in 15 municipalities.

14. As part of the education reform implementation, cooperation between local NGOs and ministries of education resulted in 27 per cent of primary schools adopting and implementing a child-centred teaching and learning approach that

promotes child participation. With support from the European Commission, a network of 30 local NGOs was mobilized to develop common standards, modules and methodologies for promotion of child rights and peer education, and ensured the participation of some 15,000 children in community projects and volunteer work.

15. In close cooperation with the Bosnia and Herzegovina Mine Action Centre, the United Nations Development Programme (UNDP), local NGOs and donors (particularly the Government of Italy), UNICEF supported mine-risk education programmes which increased national and local capacities to manage the dangers posed by of explosive devices, including knowledge about disposal procedures. Accidents caused by inadvertent tampering are now rare and the number of landmine victims decreased from 630 in 1996 to 54 in 2003.

Lessons learned

16. The mid-term review re-emphasized the role of UNICEF in the special context of Bosnia and Herzegovina as a promoter of children's and women's rights through facilitating and mediating between the various levels of government and civil society, and bringing together stakeholders to debate and agree on strategies for implementing child rights, education reform, child protection and HIV/AIDS.

17. An evaluation of the pilot voluntary confidential counselling and testing project found that highly vulnerable groups could be reached when outreach workers were accepted by, or came from, these socially excluded groups; and that more efforts are required to reach young female injecting drug users and the most marginalized groups, and to link NGO outreach workers with mainstream government services.

18. In the area of child participation, the review established as key "lessons learned" the need to provide not only children and young people with appropriate attitudes and skills, but also adults, parents, municipal officials and teachers, and the importance of schools and the media in creating an enabling environment for participation.

The country programme, 2005-2008

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Policy support	688	2 400	3 088
Inclusive basic health, education and child protection services	800	5 100	5 900
Participation for good governance	640	4 500	5 140
Cross-sectoral costs	340	1 000	1 340
Total	**2 468**	**13 000**	**15 468**

Preparation process

19. The CCA and the United Nations Development Assistance Framework (UNDAF) were developed jointly with UNDP and other key partners. Participating agencies agreed that the country programme would cover four rather than five years, given the continuing institutional transition in the country. Government counterparts, NGOs and other key stakeholders participated in the process through a series of strategy meetings and internal and national consultations. UNICEF contributed to the design and finalization of the UNDAF. The new UNICEF country programme reflects three UNDAF priority areas and is based on the analysis of the CCA. The Joint Strategy Meeting, attended by United Nations agencies and the Government in March 2004, endorsed the UNDAF and the proposed programme of cooperation.

Goals, key results and strategies

20. The goal of the country programme is to support the Government in meeting its obligations under the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women.

21. It is specifically aimed at ensuring inclusion of all children, young people and women in the provision of basic education, health and child protection services with their increased and genuine participation. Together with government and NGO counterparts, United Nations agencies and donors, the UNICEF country programme will seek to achieve the following three major outcomes: (a) policy makers and community representatives will provide leadership in developing national policies that contribute to the realization of the rights of children, young people and women; (b) service providers and caregivers will adopt behaviours that facilitate access to education, health and child protection services for the most vulnerable; and (c) policy makers and community representatives will encourage and facilitate the meaningful participation of children and young people in their communities, including in addressing the risk of landmines.

22. UNICEF will promote the principles of non-discrimination and social inclusion in all its advocacy, programmes and assistance to policy formulation. The country programme will focus on strengthening the capacities of the Government, communities and caregivers to address social exclusion as it affects children, young people and women. Through awareness-raising, families, young people and communities will be encouraged to participate in improving delivery and coverage of services. Gender equality will be promoted as a cross-cutting strategy, linking the promotion of children's and women's rights.

23. UNICEF will sponsor research and analysis to assess the impact of transition and economic reform, including the impact of the Poverty Reduction Strategy Paper (PRSP), on social exclusion. It will also contribute to strengthening the evidence base of government policy and programmes. The country programme will enhance the institutional capacities of the Government to establish national minimum standards and mechanisms for quality assurance, monitoring and reporting.

24. At the municipal level, best practices of multisectoral coordination will be developed to improve education, health care and child protection services and to influence national policy. Support for strengthening regulatory frameworks and

developing professional capacities will contribute to better coordination among and increased accountability of service providers, including NGOs and the private sector. Support for the participation of civil will strengthen advocacy for children and women's rights and redress in case of violations. Capacity-building for NGOs and civil society organizations (CSOs) will enhance their skills and competencies in negotiation, articulation of demand for services and monitoring. The principle of social inclusion and non-discrimination will be strengthened through promoting responsibility of the media and by creating enabling environments for children and young people to participate in schools and communities.

Relationship to national priorities and the UNDAF

25. The new country programme directly supports national priorities as developed in national action plans and the UNDAF. The programme's outcomes have been designed within and contribute to the UNDAF priority intervention areas of: (a) strengthened accountability and responsiveness of government to pro-active citizens; (b) increased access to quality education, health and social protection; and (c) improved government and local community management of mine action.

Relationship to international priorities

26. The programme will both directly and indirectly support the Millennium Development Goals. By taking a human-rights-based approach, the programme will foster the development and adoption of standards and entitlements that will facilitate the achievement of the Goals. UNICEF will focus particularly on: (a) universal primary education; (b) reduced child mortality; (c) improved maternal health; (d) combating HIV/AIDS, malaria and other diseases; and (e) gender equality and empowerment of women. UNICEF will also contribute to increased protection of children from exploitation, abuse and violence, and protection of communities from the risk of mines.

27. The programme addresses the five priorities of the UNICEF medium-term strategic plan, focusing on child protection and HIV/AIDS prevention. As gender parity has already been achieved in education, UNICEF will concentrate on ensuring access to education for socially excluded children. Immunization "plus" activities will strengthen government capacities to provide sustainable immunization services. In early childhood development (ECD), the programme will focus on improving child-care practices among disadvantaged groups.

Programme components

Policy support

28. Bosnia and Herzegovina has legislation barring overt forms of discrimination, and in some instances has taken affirmative action. In practice, however, institutional bias and discriminatory practices are commonplace and warrant both improved policy frameworks and means for their implementation. State-level policies and laws are often developed and adopted without clear identification of priorities, responsibilities or budgets for their enforcement. There is an absence of

appropriate national standards and adequate regulatory frameworks. Monitoring and enforcement of mechanisms for redress in cases of discrimination and abuse are weak.

29. This programme component will strengthen implementation and monitoring of policies that promote children's and women's rights. UNICEF will work with the Government and NGOs to achieve the following key results: (a) policy makers and ombudspersons' offices at the level of the State, the two entities and the Cantons will coordinate and monitor policies that affect children's and women's rights; (b) government and NGO experts jointly will revise legal provisions and develop standards and guidelines for the prevention of child trafficking, domestic violence and child abuse and neglect. These guidelines will promote the care and protection of children in conflict with the law, children being fostered and adopted, and children in public care; (c) working groups on education and health reform will develop operational plans for the implementation of standards for teachers, "child-friendly" schools, peer educators and "youth-friendly" health services. Mine-risk education will be mainstreamed into curricula; and (d) the Bosnia and Herzegovina Mine Action Centre will assume responsibility for and implement a policy framework that integrates mine-risk education and mine victim assistance into mine action at the national and local levels.

30. UNICEF support will strengthen organizational structures at state level for the coordination and monitoring of national action plans. This will include the State Plan of Action for Children, the National Strategy on Prevention and Fighting against HIV/AIDS and the PRSP. The programme will work closely with entity and cantonal ministries to support the harmonization of regulatory frameworks and the development of minimum standards.

31. Officials from state, entity and cantonal ministries will be trained in data collection and analysis, planning, budgeting and monitoring. Technical assistance will be provided to develop methodologies, tools and indicators for assessing the impact of policies and reforms on the most vulnerable, and to undertake research on social exclusion. UNICEF support to ombudspersons' offices will strengthen responses to individual complaints of child rights violations.

32. In partnerships with OHR, the Organization for Security and Cooperation in Europe (OSCE), UNDP and bilateral donors, UNICEF will advocate for increased and more equitable budgetary allocations for social services across the different Cantons and municipalities. UNICEF will also support the development of regulatory frameworks to facilitate service provision by NGOs based on common standards.

33. Regular resources will be used primarily for policy advocacy and provision of technical expertise.

Inclusive basic health, education and child protection services

34. Socially disadvantaged groups do not have access to mainstream services and their needs are not respected in the practices of service providers. This programme component will strengthen the capacities and motivation of education, health and child protection services providers to reach the most vulnerable children and young people. The key results expected by the end of 2008 include: (a) all children under five years of age, including members of disadvantaged groups, will be immunized

with all basic antigens through a regular and uninterrupted supply of vaccines; (b) parents and communities in areas with low enrolment and high drop-out rates will be aware and motivated on the importance of enrolling and keeping all children in school; (c) an increased number of young people at risk of infection from HIV/AIDS (including injecting drug users and other highly vulnerable groups) will have access to "youth-friendly" government and NGO health care services; (d) ministries of health will establish parent support groups in 35 IDP camps and 40 Roma communities to improve the ECD knowledge of and practices of parents from disadvantaged IDP and Roma families; (e) government and NGO professionals responsible for child protection will be able to identify, monitor, refer and provide services for children at risk; and (f) NGOs and CSOs will have increased skills and resources to raise the awareness of children, young people, their parents and community representatives on discrimination, abuse and violence, and have the skills needed to advocate on behalf of the socially excluded.

35. UNICEF will work with local governments and NGOs to address social exclusion in social services. In selected municipalities, UNICEF will facilitate the development of participatory action plans, and will support small-scale CSO projects under the supervision of municipal management boards to address social exclusion. Governmental and NGO professionals working in the areas of education, health, social work and law enforcement will be trained in support of this initiative.

36. UNICEF will build capacities and establish systems to identify, reach out to and refer children at risk of institutionalization, victims of violence and trafficking, and children in conflict with the law. Systems for registering and dealing with complaints will be established and supported by codes of conduct for service providers. UNICEF will work closely with local school education authorities and centres for social work to assist them take responsibility for monitoring and referral of children at risk of dropping out of school.

37. To ensure "youth-friendly" services and outreach, UNICEF will support training of government and NGO health care professionals and front-line workers. To promote ECD, parental support groups will be established among vulnerable IDP and Roma communities.

38. The programme will strengthen the motivation, knowledge and skills of NGOs, CSOs, caregivers and parents to become advocates within the community on behalf of children.

39. UNICEF will cooperate with the Ministries of Health, Social Welfare and Education, local authorities in selected municipalities and local NGOs. Cooperation will continue with the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the Global Alliance for Vaccines and Immunization (GAVI) and bilateral donors including the Governments of Canada, Ireland and Norway. Regular resources will be used to provide technical assistance, train professionals and to meet commitments under GAVI.

Participation for good governance

40. At a community level, the disadvantaged and socially excluded have no lobby and are largely invisible in an environment that does not promote participation, especially of children and young people on decisions that affect their lives. This programme component will promote the participation of children and young people

in their communities, schools and the media, and will promote community participation to address the risks of landmines.

41. Key results expected by 2008 are: (a) municipal governments, civil society and schools will enable an increased number of children and young people to participate meaningfully in their communities and in the monitoring of the State Plan of Action for Children; (b) 450 primary schools will institutionalize child participation; (c) media programmes will be developed with the involvement of children and broadcast media; and (d) communities in 154 areas highly affected by mines will be able to assess, develop and implement responses to risks associated with mine action. This will include mine-risk education and mine victim assistance, including on small arms and light weapons, and will reach approximately 100,000 people.

42. UNICEF will the strengthen skills, resources and networking of local NGOs to work with peer educators. Some 10,000 children and young people from different geographical and ethnic backgrounds will develop and implement joint volunteer projects to help communities and disadvantaged children.

43. The knowledge and skills of CSOs will be strengthened in providing advice on how to seek redress in individual cases of discrimination and abuse of children, young people or women. Staff of selected municipalities will be trained to better communicate with parents and young people, and to respond to their concerns. UNICEF will further enhance institutionalized participation in schools through training of school personnel, teachers and principals, provision of teaching equipment and participation of young people in monitoring the quality of service delivery. UNICEF will encourage and support major public broadcasters to produce programmes that give children and youth a voice in the media, and will train journalists and television media professionals on children's and women's rights and ethical reporting.

44. In close cooperation with UNDP and the Bosnia and Herzegovina Mine Action Centre, UNICEF will support community action planning on mine-risk reduction and encourage local authorities and religious leaders to take a leadership role. Technical and financial support will enable local NGOs and government agencies to develop and implement risk management projects for landmines and small arms and light weapons, involving parents, children, schools and local authorities.

45. Regular resources will be used for technical assistance, support to local NGOs and the development of media capacities.

46. **Cross-sectoral costs** will cover the operational costs of the Banja Luka suboffice, the salaries of cross-sectoral staff, travel, security equipment, training costs, monitoring and evaluation, programme communication, public information for fund-raising and other purposes, and staff capacity-building.

Major partnerships

47. The country programme will be implemented in close collaboration with all United Nations agencies within the UNDAF, with government counterparts at state, entity and cantonal and municipal levels, and with international and local NGO partners. UNICEF will continue close cooperation with OSCE on education reform; with donors within the United Nations theme group on HIV/AIDS; with UNDP in integrating mine-risk education and mine victim assistance as part of mine action;

with the World Bank on social protection reform; and with UNFPA and WHO and on support to "youth-friendly" health services and immunization.

48. UNICEF will maintain close contact with funding partners, including the Governments of Canada, Ireland, Italy and Norway and the European Commission, to maximize resources and to benefit from their inputs into programme reviews and assessments. This will include facilitation of project visits for donors and National Committees for UNICEF. UNICEF will participate in coordination forums led by OHR and OSCE to that ensure children's and women's rights are prioritized in legal and judicial reforms.

Monitoring, evaluation and programme management

49. The integrated monitoring and evaluation plan will form the basis for annual reviews with all partners, including assessments of experience in focus municipalities and communities, and be informed in large part by field visits.

50. Key indicators of progress will be developed to assess: the implementation and coherence of national policies at different political and administrative levels; opportunities for participation by excluded groups and young people; and the degree of social inclusiveness of services. The quality of the community mine action plans that are implemented and the percentage of landmine victims receiving adequate supported will also be measured.

51. Indicators for monitoring the Millennium Development Goals will be tracked in *DevInfo*. UNICEF will support surveys including a multiple indicator cluster survey. For the mid-term review in 2006, evaluations will be undertaken to assess the effectiveness of municipal action planning to address social exclusion. UNICEF will support an evaluation of UNDAF in collaboration with other United Nations agencies, government and national partners. The programme will be managed in close cooperation with the Government at state, entity and cantonal levels. The Ministry of Foreign Affairs will oversee reviews and monitoring.

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Draft country programme document**

Kazakhstan

Summary

The Executive Director presents the draft country programme document for Kazakhstan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,920,000 from regular resources, subject to the availability of funds, and $2,216,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2009.

* E/ICEF/2004/8.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	5.0
U5MR (per 1,000 live births)	76
Underweight (%, moderate and severe, 1999)	4
Maternal mortality ratio (per 100,000 live births, 2001)	50
Primary school enrolment (% net, male/female, 2000)	89/88
Primary school children reaching grade 5 (%, 1999)	99
Use of improved drinking water sources (%, 2000)	91
Adult HIV prevalence rate (%, 2001)	0.1
Child work (%, children 5-14 years old)	.
GNI per capita (US$)	1 510
One-year-olds immunized against DPT3 (%)	95
One-year-olds immunized against measles (%)	95

The situation of children and women

1. Kazakhstan is the world's ninth largest country, with a land area five times the size of France. Its population of 14.8 million is comprised of ethnic Kazakhs (56 per cent), ethnic Russians (28 per cent) and nine other major ethnic groups. The country began to recover from transition in 1996 and is now experiencing rapid economic growth (10 per cent in 2002 and the first half of 2003) because of the development of its oil reserves. However, growth is not spreading beyond the oil sector and the incidence of poverty remains high. Even in the two richest oil-producing regions (*oblasts*) — Magistau and Atyrau — over 40 per cent of the population live in poverty, compared to 27 per cent nationally.

2. There are large disparities between urban and rural areas and among *oblasts* in terms of social indicators and meeting basic needs. In 2001, rural poverty rates were almost twice as high as those in urban areas. This was exacerbated, particularly in remote communities, by degraded physical infrastructure, poor access to free and quality health care, education and safe drinking water, and poor access to land and credit. According to the Common Country Assessment (CCA), significantly more women (45 per cent) than men (33 per cent) are living in poverty.

3. The CCA also found that despite steady economic growth, social sector expenditure as a percentage of gross domestic product (GDP) is shrinking. Although increasing in absolute terms, expenditures for education dropped from 8 to 3 per cent of GDP between 1991 and 2000. Health expenditures declined from 2.4 to 1.9 per cent from 1998 to 2001, one of the lowest rates of countries in the region.

4. Decentralization and local governance in Kazakhstan are still in their infancy. A review of public expenditures in the social sector revealed that about 80 per cent of education and health expenditures are supported from local government budgets, and that per-capita social service expenditure varies greatly by *oblast*.

5. Official statistics show a decline in the infant mortality rate from 28 per 1,000 live births in 1993 to 19 in 2001. However, the 1999 Demographic and Health Survey (DHS) indicated a much higher figure of 62. This was partly due to the continued use of a definition of "live birth," which differs from the World Health Organization (WHO) international standard. Perinatal conditions, acute respiratory infections and diarrhoea are the main causes of under-five mortality. A 2002 study on the causes of infant and child mortality revealed that 50 per cent of early neonatal deaths could have been prevented by better access to quality prenatal care. The study also found a high level of infections that resulted in problems during delivery or among newborns, and that the overall quality of emergency obstetric care was low. Maternal mortality remains high, with haemorrhages and abortions the leading causes.

6. Breastfeeding is almost universal, but the rate of exclusive breastfeeding is low. The DHS found that 10 per cent of children under five years of age were moderately or severely stunted. Stunting was more common among girls than boys, and among rural than urban children. One in three women was found to suffer from anaemia. Assessments in selected regions in 2002 found that 28 per cent of children aged 6 to 60 months were deficient in vitamin A and close to two thirds of women were found to have some form of iodine deficiency.

7. Approximately 4,000 HIV infections have been reported, but the actual number is estimated to be 8-10 times higher. The epidemic is so far concentrated among injecting drug users, but there is a risk of its spreading to the larger population. There is a lack of information, education, voluntary testing, services and treatment for young people. There is widespread stigma associated with injecting drug use and HIV/AIDS. In 2002, 18 children were born to HIV-infected women, only 10 of whom received treatment, because their mothers' HIV status was identified only after delivery.

8. The proportion of children enrolled in pre-school education decreased sharply between 1989 and 1999, from 52 to 10 per cent. Only 4 per cent of rural children and 30 per cent of urban children have access to pre-school services, largely on account of the high cost, decreased family income and unemployment. In 2000, the law was amended to make one year of pre-school compulsory and free for five-to six-year-olds before entering grade one.

9. According to the Constitution, primary and secondary education are obligatory and free, but access to quality education is still a problem. According to a 1999 study, learning achievement is lowest in rural areas. The study monitoring of learning achievement will be repeated in 2004 and will examine gender disparities. Economic difficulties during transition have led to an increasing shortage of qualified teachers and a lack of quality textbooks.

10. A Law on the Rights of the Child was adopted in 2002, based on Kazakhstan's ratification of the Convention on the Rights of the Child in 1994. The State Report to the Committee on the Rights of the Child was submitted and reviewed in 2003. The Government subsequently established a technical group to coordinate follow-up to the Committee's recommendations.

11. According to official statistics, about 87,300 children live in residential care. A study showed that only 30 per cent of them have no parents, while 70 per cent are "social orphans" who were abandoned or whose parents had been divested of

parental rights. In 2003, the Committee on the Rights of the Child made recommendations about intercountry adoption because of the increasing number of such cases across the region.

12. Data on violence against children are not available, but anecdotal evidence shows that many children experience violence in their daily lives. Reform of juvenile justice based on principles of diversionary measures and alternatives to detention is still to be undertaken. A total of 77,984 adolescents aged 14-18 years were sentenced in 2000, mainly for committing petty crimes.

13. Several surveys have shown poor access to quality basic services, especially among rural families living in poverty. According to a recent study on child-rearing, major gaps exist in families' knowledge and child-care practices. Most homes lack materials suitable for early learning and parents generally are not used to playing with or reading to their children. Fathers' involvement in child care is minimal. Corporal punishment is widespread. While 86 per cent of families said that health workers were the key source of child-rearing information, only 5 per cent had been consulted about the developmental needs of their children. Access to basic services is further hampered by their cost, the lack of user-friendly services — especially for young people — and of appropriate infrastructure, as well as the distance from the nearest health centre or school. There is also a lack of child-centred policies for the delivery of basic services. Policies for social and child welfare and child protection are often not well integrated.

14. The participation of civil society, especially young people, in decision-making is weak. This is due to limited awareness of human rights, poor capacities to participate in policy-making and local development planning. Low financial support, cumbersome legislation and stigma affecting some social groups are additional factors. Of 4,600 registered non-governmental organizations (NGOs), only 320 work in rural areas.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

15. The previous country programme focused on maternal and child survival and protection, child enrichment and young-people's well-being. As a result of support from UNICEF and a range of partners, Kazakhstan was certified polio-free in 2002. Immunization coverage of one-year old children now exceeds 95 per cent for the basic vaccines of the expanded programme on immunization and for hepatitis B vaccine. All children under five years are now vaccinated against hepatitis A. The country has been self-sufficient in vaccine procurement since 2000. UNICEF worked with the Asian Development Bank to support the passage of legislation on universal salt iodization (USI) and fortification of flour with iron. This will be followed by a survey on iodine deficiency and household use of iodized salt, to be conducted in 2004.

16. Advocacy by UNICEF and other partners led to the establishment of the National Coordination Group on the Convention on the Rights of the Child, under the Ministry of Education, and to the beginning of reform of the child welfare system.

17. A series of policy-related studies covered social sector expenditures and access to and quality of primary health care (PHC), including a study on the causes of infant and child mortality. These were discussed at the seventh ministerial forum on maternal and child health (MCH) in the Central Asian Republics and Kazakhstan (CARK) and led to significant recommendations to approve policies on access to and quality of basic health services.

18. Progress was achieved in the area of HIV prevention through capacity-building and advocacy for life-skills-based education as a part of the school curriculum. Under the auspices of the CARK ministerial forum on education, Kazakhstan led a thematic group on life-skills-based education. An initiative on global education, which aims to improve the quality of education through interactive, "child-friendly" and gender-sensitive teaching, was introduced in five pilot areas and triggered the interest of the Government in expanding this methodology.

Lessons learned

19. UNICEF-supported studies, for example on social sector expenditures and child mortality, helped to shift the organization's agenda in the country. The mid-term review of the country programme found that the Government could mobilize its own resources for service delivery but requires UNICEF to provide technical support for delivering those services and for maintaining the social safety net. This strategic shift in programming will require timely and quality inputs in the areas of social policy analysis, data and information systems, planning and management skills and advice in child-focused budgeting.

20. Given the rapid pace of economic and social change in Kazakhstan, it is critical to ensure that the provision of adequate and quality social services be high on the political agenda, at the national and especially the local level, as local governments are responsible for four fifths of the national budget. Although the national Government retains overall responsibility for policy-making, success in implementing innovative approaches will increasingly depend on effective cooperation with local administrations to influence the use of resources for social services.

21. Knowledge, attitude, practice and behavioural studies have shown that interaction between service providers and their clients (often women and children) is limited and ineffective. Communities are not aware of acceptable quality standards and rely on the provision of state services without knowing how to influence those standards.

The country programme, 2005-2009

Summary budget table

Programme	*(In thousands of United States dollars)* *Regular resources*	*Other resources*	*Total*
Family and community empowerment	1 750	830	2 580
Improved social protection systems	1 350	720	2 070
Social policy development and participatory governance	950	450	1 400
Cross-sectoral costs	870	216	1 086
Total	**4 920**	**2 216**	**7 136**

Preparation process

22. The preparation of the country programme began with the causality analysis included in the CCA, which led to the identification of the main areas of cooperation for the United Nations system. The subsequent development of the United Nations Development Assistance Framework (UNDAF) involved the Government, NGOs and multilateral and bilateral agencies. UNICEF played a leading role in the design and preparation of the CCA and the UNDAF and ensured that its own country programme will contribute to the outcomes of the UNDAF.

23. The preparation of the UNICEF programme was highly participatory, involving other United Nations agencies, government counterparts, NGOs and young people, who participated in various technical meetings and provided input to the overall process. The country programme process was led by the Ministry of Foreign Affairs, which endorsed the UNDAF and the country programmes of UNICEF, the United Nations Development Programme (UNDP) and the United Nations Population Fund during the Joint Strategy Meeting held in March 2004.

Goals, key results and strategies

24. The overall goal of the country programme is to support the Government in realizing the rights of all children to survival, development, protection and participation and the creation of an enabling environment to ensure strengthened accountabilities for children. It will focus on national policies, legal frameworks and budgetary reallocations to improve access to and use of quality basic social services, and to improve child protection. It will also enhance community, family and young people's participation in decision-making processes impacting their lives.

25. The country programme will adopt a three-pronged strategic approach that is evidenced-based. Advocacy for social policy, social mobilization and capacity-building will improve knowledge and practices and empower families and communities to shape the national agenda for children. The leadership role of local administrators will be strengthened in order to plan and manage convergent or multisectoral basic services reaching out to disadvantaged and vulnerable children in priority areas.

26. The UNICEF programme will have three interrelated components. The first will focus on improving the ability of families and communities to demand quality services in three priority *oblasts*. It will also improve knowledge of, and access to, maternal and child care, child-rearing practices and early childhood and "youth-friendly" services. The second programme will address life-skills-based education for protection against HIV/AIDS, and prevention and protection of children against institutionalization, violence and abuse. The focus in education will be on improving quality through reviewing the curriculum to ensure that it is gender-sensitive, non-discriminatory and participatory. The last component will concentrate on national and local frameworks for legislative, policy and budgetary allocations, and also facilitate convergence of services.

27. Key results to be achieved will include the development of enforcement mechanisms for both USI and fortification of flour with iron, as required by law. National policies will be adopted on early childhood and on educational standards and indicators to ensure quality child-care services and "child-friendly" schools, drawing on the experience of the global education initiative and the national education management information system. National policies and legislation will reflect a de-institutionalized approach to child protection, child care and juvenile justice. Improved standards for services and professionals will be in place, as will a system for identification, referral and rehabilitation of child victims of abuse and neglect. The Government and NGOs will be able to better plan child-focused social policies. "Youth-friendly" services, including voluntary HIV testing and counselling, will be functioning nationwide. Convergent social services which are responsive to family concerns will be established by local authorities. Communities and families will assume an increasing role and responsibility in the planning and monitoring of services.

Relationship to national priorities and the UNDAF

28. The country programme was developed within the framework of the *Kazakhstan 2010 and 2030* national development priorities. These centre on creating an effective education system; improved quality health services; an effective political system capable of addressing public interests; improved health and nutrition of women and children; an improved market economy; and good governance. The programme is linked to the national priorities for health, education, HIV/AIDS prevention and governance, and also supports the three priorities of the UNDAF, which are: improved basic social services; decentralized governance; and identification of, and support to, vulnerable groups.

Relationship to international priorities

29. The country programme has been guided by Kazakhstan's report on progress towards the Millennium Development Goals, the goals of *A World Fit for Children*, the UNICEF medium-term strategic plan and the Declaration of Commitment of the General Assembly Special Session on HIV/AIDS.

Programme components

Family and community empowerment

30. The present social environment does not provide families and communities with adequate knowledge and motivation to claim their rights to quality basic services and improve care at home. Service providers also need to upgrade their knowledge and skills to ensure quality in services for children and women at the household and community levels. Through training and capacity-building, UNICEF will work with civil society organizations (CSOs), including young people's NGOs, and the media (especially youth media) to address gaps in information and practices. These experiences will be used as the basis for advocacy with local and national governments, multilateral and bilateral partners and CSOs for increased investment in children by families and communities. The Ministry of Health will be the main coordinating counterpart.

31. As a result of this programme: (a) all families will consume iodized salt and 80 per cent will consume iron-fortified flour as a step towards elimination of iodine deficiency and reduction of anaemia, (b) 80 per cent of families will have access to and utilize a basic package of quality PHC/MCH services, including for prevention of mother-to-child transmission; (c) 90 per cent of children aged six months to five years will have access to vitamin A supplementation; (d) 70 per cent of children in the three *oblasts* in southern and eastern Kazakhstan will participate in early childhood activities, and their parents will have adequate knowledge and skills on early childhood development (ECD); and (e) 50 per cent of young people will have access to quality "youth-friendly" services, including voluntary HIV/AIDS testing and counselling.

32. Communities and families will have improved knowledge of MCH and nutrition. They will be better able to provide their children with a protective environment and give appropriate child care. The knowledge and mobilization skills of PHC workers and professionals will be enhanced to enable more effective communication to better guide families' caring practices. Attention also will be given to simple child survival techniques that can be practised at home, along with appropriate nutrition. This improved community awareness is expected to create demands on state-run institutions to provide quality services. In terms of strengthening a protective environment, family violence (all forms of physical and psychological punishment and abuse) will be addressed through improved legislation and parenting skills.

33. Regular resources will be used for training of ECD and MCH service providers and social mobilization of families. These factors contribute directly to high mortality, deteriorating PHC and MCH services, poor nutrition, an elevated risk of HIV/AIDS and low access to pre-schools. Other resources will be used for the expansion of the programme within the three *oblasts*.

Improved social protection systems

34. Weak social service systems have resulted in low efficiency and effectiveness in health care, education and a limited protective environment for children. Adolescents are particularly at risk from HIV/AIDS because of the lack of "youth-friendly" services and life-skills-based education. A lack of comprehensive social policies and child welfare systems has led to increased reliance on institutional care.

35. UNICEF will work with national partners to develop new legal frameworks and systemic changes, and to sensitize service providers. The programme will result in the adoption of national policies and legislation which incorporate a de-institutionalized approach to child protection and a more humane juvenile justice system, backed up by enhanced standards for social-work services and professionals. There will be improved systems for the identification, referral and rehabilitation of child victims of abuse and neglect. Ninety per cent of adolescents in selected rural and urban areas will have access to youth-specific information about HIV/AIDS, peer education and life skills. Fifty per cent of children in three priority *oblasts* will attend "child-friendly" schools that include life-skills-based education up to secondary level.

36. Comprehensive studies on social protection and education systems will help to guide strategies for effective and efficient delivery of services (ECD, HIV/AIDS prevention, child protection, juvenile justice and quality basic education). Follow-up to the recommendations of the Committee on the Rights of the Child will be monitored. UNICEF will build partnerships with local authorities and institutions by supporting the implementation of a convergent approach in the priority *oblasts*. This will be used to advocate for scaling up of activities, in collaboration with the United States Agency for International Development (USAID), the Asian Development Bank and the World Bank. Additional resources required for system improvements will be provided by national and local governments, NGOs and other donors. The Ministry of Education will be the main coordinating counterpart.

37. Regular resources will be used for technical assistance and capacity-building of national and regional managers and service providers on child protection and juvenile justice systems; for training in improving the quality of education; and for wider coverage of information on HIV/AIDS. Other resources will be used for broadening reform of the social-work system and setting up models of community social services.

Social policy development and participatory governance

38. Despite high economic growth, resource allocation to social sectors remains low. *Oblasts* hold 80 percent of resources for the social sectors, but their distribution is not "child-friendly" and is skewed toward curative measures. There is a lack of national policies and standards to help children to develop in a protective environment. Low coverage of pre-school services for children under five years of age remains a concern.

39. This programme will ensure that government social policies are child-focused. UNICEF will work with the national Government in advocating increased allocations to social services, drawing on tools like the MONEE Social Monitoring Report, the Quality of Life for All analysis[1] and *DevInfo*. These tools will enable the Government to use social indicator rankings by *oblast* for making decisions on resource allocations. Studies will be carried out regularly to monitor progress on these indicators. The programme will strengthen the capacity of NGOs to monitor social indicators and overall progress in the area of child rights. The CARK

[1] "Quality of Life for All" defines the basic requirements and indicators for survival, growth, development and protection of families, especially mothers and children. It is a means of identifying and prioritizing geographic areas with the largest number of families/individuals not covered by services or affected by unmet needs.

ministerial forums on MCH and education will continue to promote high-level dialogue between Central Asian countries. At the subnational level, the programme will focus on the governments of the three priority *oblasts* and on CSOs to improve their planning skills, monitor Quality of Life Analysis indicators and increase knowledge on social trends. UNICEF will collaborate with UNDP on monitoring the Millennium Development Goals and building the capacity of civil society. The main coordinating body will be the Ministry of Economy.

40. Regular resources will be used for advocacy and technical assistance in policy formulation, research and training of local managers on convergent delivery of services. Other resources will be used to expand the programme to two other *oblasts*.

41. **Cross-sectoral costs** will pay for selected staff in the country office in Astana and support staff and operational costs in the sub-office in Almaty.

Major partnerships

42. UNICEF will continue to cooperate with the Asian Development Bank and the World Bank in the area of health, and with both Banks and the United Nations Educational, Scientific and Cultural Organization in education. Important partners in health sector reform and HIV/AIDS will be USAID and WHO. UNICEF will also work with the country coordination mechanisms of the Global Fund to Fight Tuberculosis, AIDS and Malaria to scale up the response to the HIV epidemic, and of the Global Alliance to Improve Nutrition to rapidly and sustainably address micronutrient deficiency.

43. The National NGO confederation network will be a close partner in promoting local development management, and in interacting with local authorities. *Oblasts* will outline monitoring systems, research and evaluation plans. UNICEF will lead the working group for the UNDAF cooperation area on ensuring quality of life for all. Partnerships with children and adolescents will be enhanced in all aspects of the country programme.

Monitoring, evaluation and programme management

44. The key indicators for tracking progress towards the goals of the country programme include the percentage of children under five years who receive complete immunization, by antigen and by *oblast* and *rayon*; the prevalence of iron deficiency anaemia; the percentage of families who have access to services utilizing the basic PHC package; the percentage of families who have access to fortified flour products and/or iodized salt; the percentage of children under three years in the pilot areas who are enrolled in family-based early childhood programmes; the percentage of caregivers with adequate knowledge of caring practices for children; the percentage of children in pilot areas enrolled in "child-friendly" schools; the number of "child-friendly" national policies and legislation passed and implemented; the percentage of professionals trained and practising adequate standards to ensure child protection; the percentage of young people who have access to HIV/AIDS information and participate in life-skills-based education; the number of laws and/or decrees enacted that directly support pro-child policies; the use of the Quality of

Life Analysis in national and local planning; and the level of financial resources allocated to public services at national and subnational levels.

45. The programme will be monitored through annual reviews of progress against an annual plan and a mid-term review, to be held in 2007, using results-based methodologies. This will be based on the annual and five-year integrated monitoring and evaluation plan (IMEP) of the country programme, which will be linked to a similar plan for the UNDAF. The IMEP will outline the monitoring systems and research and evaluation plans for the country programme. UNICEF will collaborate with government counterparts and other United Nations agencies in an evaluation of the UNDAF in 2008. Quality of Life Analysis and the *DevInfo* system will be used both to encourage improved allocation and use of resources and to monitor progress towards the Millennium Development Goals.

46. The Ministry of Foreign Affairs will have over responsibility for coordination of the country programme. Technical groups and a steering committee will be established and meet regularly for monitoring and evaluation. UNICEF will also work closely with the National Commission on Family and Women Affairs and the Coordination Group on the Convention on the Rights of the Child and Child Protection, established under Ministry of Education.

47. Under the support budget approved by the Executive Board in 2003, a full-fledged country office will be established in Astana, the new capital. A sub-office in Almaty will support priority *oblasts* for demonstration of convergent services in southern and eastern Kazakhstan. The sub-office will also be responsible for networking and building alliances with the media and research and academic institutions, many of which will remain in Almaty.

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Draft country programme document***

Kyrgyzstan

Summary

The Executive Director presents the draft country programme document for Kyrgyzstan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $5,562,000 from regular resources, subject to the availability of funds, and $3,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2010.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.
** E/ICEF/2004/8.
*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	2.0
U5MR (per 1,000 live births)	61
Underweight (%, moderate and severe, 1997)	11*
Maternal mortality ratio (per 100,000 live births, 2001)	44
Primary school enrolment (% net, male/female, 2000)	84/81
Primary school children reaching grade 5 (%, 1998)	89
Use of improved drinking water sources (%, 2000)	77
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old)	
GNI per capita (US$)	290
One-year-olds immunized against DPT3 (%)	98
One-year-olds immunized against measles (%)	98

* Age group 3-35 months.

The situation of children and women

1. Kyrgyzstan has a population of approximately 5 million, two thirds of whom live in rural, mountainous areas. It is a landlocked country with scarce agricultural and mineral resources. The transition to a democratic system of governance and a market economy following independence in 1991 has been difficult, with consequences for human development. Although the gross national income per capita has increased slightly since 1991, Kyrgyzstan remains the second poorest country in Eastern Europe and Central Asia. More than one half of the population lives in poverty and more than one fourth in extreme poverty, affecting more than 60 per cent of children under 14 years. Economic hardship is contributing to a significant internal migration, with large numbers of people moving from poverty-stricken rural areas to the cities.

2. The most notable constraints to economic growth are the narrow economic base and consequent vulnerability of the economy to external shocks, low levels of investment and high external debt. According to World Bank estimations, Kyrgyzstan is a heavily indebted country. There have been drastic cuts in social sector spending. Expenditure on health care decreased from 3.5 per cent of gross domestic product (GDP) in 1994 to 1.9 per cent in 2001. In the same period, investment in education was cut from 6 to 3 per cent of GDP.

3. The Common Country Assessment (CCA) identified a number of vulnerable groups whose human rights are currently denied or violated. Women, children and young people in particular have been adversely affected by the changes in the political, economic, social and cultural spheres. The population has been made more vulnerable by the withdrawal of subsidized health and nutrition services previously available to them.

4. The National Poverty Reduction Strategy (NPRS) identified child poverty as a key challenge. Indicators of child survival and well-being have deteriorated. The 1997 Demographic and Health Survey showed an infant mortality rate (IMR) of 66 per 1,000 live births — three times higher than the official figure. The continued presence of such a gap has been recently confirmed. A 2003 UNICEF study in Talas province, using the World Health Organization (WHO) definition of 'live birth', found the IMR to be 30 per 1,000 live births as compared to the official figure of 22. The frequency of unsupervised births is increasing. Fewer than one half of births are free of complications.

5. As many as 44 per cent of women suffer from anaemia, thereby compromising the health of infants from birth, and 50 per cent of children under three years of age suffer from iron deficiency anaemia. A UNICEF-sponsored study in 2002 found vitamin A deficiency in one third of children under five years of age. Despite there being a law on compulsory salt iodization, the prevalence of iodine deficiency disorders (IDD) remains high. A study by the Ministry of Health in 2003 showed that the average goitre rate among schoolchildren was 31 per cent. The level of iodized salt consumption has increased during the past two years but less than half of the salt tested was adequately iodized. More work is required with salt manufacturers and importers to achieve universal salt iodization.

6. Although the health infrastructure is eroding and investment in the sector is in decline, immunization services have been maintained. In recent years, immunization coverage rates among children under two years of age have been sustained at above 95 per cent for all antigens.

7. The availability of pre-school education has decreased considerably since transition began, with only 5 per cent of children under age six years enrolled in a kindergarten in 2001, compared to 30 per cent in 1990. Official data indicate that literacy and primary-school enrolment rates remain relatively high, but shortages of resources are affecting both access to, and quality of, education. Studies on monitoring of learning achievements have revealed a growing number of school-age children to be out of school. One third of schoolchildren failed to pass basic learning competency tests. The quality of education is poorest in rural areas, where the majority of the school-age population lives. Teaching and learning processes remain teacher-centred and rigid. School buildings in rural areas are poorly maintained and lack basic facilities. Although official data indicate that there is little gender disparity in education, gender-differentiated patterns of access to education are beginning to emerge. Further research is required to better understand gender concerns in the content and methodology of formal education. This is particularly evident in poorer regions, such as Batken and Osh, where early marriage limits opportunities for girls and leads to their dropping out of school. Other factors which affect school attendance are family poverty and increasing child labour, especially in the south of the country where tobacco and cotton are cultivated. More systematic research is required to determine the numbers and sex of children involved in agricultural work, the nature of their work and the impact on school attendance. A 2003 UNICEF-supported survey of 207 street and working children in Bishkek showed that up to 90 per cent of them did not attend school at all.

8. There has been a steep rise in the number of HIV/AIDS infections. Officially, there were 470 HIV infections in the country in 2003, up from 53 in 2000. However, unofficial estimates indicate that the real figure is 10 times higher. Most of the

infected are young, male injecting drug users. Approximately 80 per cent of registered HIV-positive individuals report injecting drug use as the cause of infection. There are approximately 55,000 injecting drug users, many of whom are adolescents and young people (65 per cent younger than 35 years). A lack of knowledge, skills and safe behaviours related to injecting drug use, and reproductive and sexual health makes young people a highly vulnerable group. In a 2002 survey on knowledge, attitude and practices of 4,000 adolescents in five regions of the country, fewer than 40 per cent of respondents gave correct answers to knowledge-based questions. Between 1997 and 2004, only nine infants were born to HIV-positive women, according to official figures, but the true number is likely to be much higher. Mother-to-child transmission of HIV is an area of growing concern.

9. The increase in poverty has also contributed to increased violations of children and women's rights. Women's increased vulnerability is reflected by the growing level of violence against them and public tolerance of this violence. Rape and sexual assault accounted for as much as 39 per cent of all crimes in 1999-2000. Trafficking of women and girls from the country is of growing concern. A report by the International Organization for Migration in 2000 estimated that around 4,000 Kyrgyz women and girls are trafficked every year for sexual exploitation. Child trafficking is estimated to comprise 10 per cent of all persons trafficked. Women's opportunities to voice their concerns at the policy level have also been eroded. The proportion of women in legislative bodies was 14 per cent in 2002, compared to almost 50 per cent in 1989.

10. In 2000, there were 21 orphanages accommodating 2,110 children as compared to 767 children in such institutions in 1991. There is an increased rate of violence, abuse and exploitation of children within families and state care institutions. In-depth interviews and focus group discussions with institutionalized children, conducted during the 2001 national research study on child protection, revealed physical and emotional abuse by caregivers and the absence of procedures for registering complaints. The number of children living and working on the streets increased from an estimated 1,309 in 1999 to 2,302 in 2002. Juvenile delinquency is escalating. Data from the Ministry of the Interior indicate that the number of crimes committed by 14-17-year-olds increased from 1,008 in 2001 to 1,954 in 2002. Juvenile justice has not been reformed to comply with the Convention on the Rights of the Child and continues to be administered through custodial measures. Juveniles in conflict with the law are placed in closed institutions. There is an urgent need for child protection reform to address these emerging problems.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

11. The previous country programme had a strong programmatic focus on maternal and child survival, access to quality education, child protection and young people's well being. The Government decided to introduce the WHO 'live birth' definition and revise IMR statistics nationwide. As a result of UNICEF-supported research and advocacy on IMR carried out in cooperation with the United Nations Population Fund (UNFPA), WHO and the United States Agency for International Development

(USAID), the Government has decided to increase financing for maternal and child health (MCH) from 2005.

12. In 2001, UNICEF and other partners of the Global Alliance for Vaccines and Immunization (GAVI) played a leadership role during the national immunization campaign in which 1.8 million children and young people aged 7-25 years were immunized against measles and rubella. UNICEF worked closely with WHO and the United States Center for Disease Control and Prevention (CDC) in implementing, monitoring and evaluating the campaign. As a result, the Ministry of Health introduced the measles/mumps/rubella vaccine into the immunization schedule in 2002. The campaign was supported by a grant from CDC through the United States Fund for UNICEF.

13. Some 11,000 rural children in four of the most deprived and remote mountainous areas now have access to better quality education as a result of the refurbishment of 36 schools. The community mobilization generated by this initiative led to the active participation of parents in a community-based education management information system for monitoring school enrolment, attendance and education quality. As a results, 46 village education groups and five district resource groups are now active in Nayrn province (*oblast*).

14. UNICEF undertook pioneering work in the area of child protection, with the support of the Netherlands Committee for UNICEF. The creation of a cadre of trained social workers who provide community-based services to 45,000 disadvantaged families in two districts helped to reduce child abandonment and institutionalization. No children from these districts were sent to state institutions during 2002-2003. An early detection and assessment system for children with disabilities has been established with 1,250 children and 2,000 families as beneficiaries.

Lessons learned

15. The mid-term review of the country programme and experiences during 2003 yielded some valuable lessons. An enabling policy framework is an essential element in ensuring the sustainability and long-term impact of UNICEF work. The active promotion of different policy frameworks by UNICEF has improved outcomes in three main domains of intervention: child survival and development, access to quality education and child protection reform. A key lesson from UNICEF-supported studies on IMR and child protection is that high-quality research used for advocacy can have a significant impact on policy change for the realization of child rights.

16. Evaluations of the community-based education management information system have shown that capacity-building for service providers has to be matched by mobilization of families, young people and communities to demand and claim entitlements. The mobilization of local authorities, communities and families to use community resources to protect and realize children's rights to education proved to be effective in reaching the unreached and facilitating the provision of quality schooling and social protection services.

17. From field experience undertaken during this programme cycle, it is evident that the impact of UNICEF interventions in health and education is undermined by the deteriorating infrastructure in these sectors. In rural schools of Jalalabad and

Naryn provinces, primary- and secondary-school children do not attend lessons in the winter months when school heating is not functional. In Naryn province, some schools have been closed because of the dangerous conditions caused by extensive roof leakage. UNICEF work to improve the quality of education and teachers' performance is likely to have limited impact unless such structural problems are addressed. Protection of social sector investments from the impact of macroeconomic adjustments and fiscal crises is essential to maintain and advance the achievements of the past.

The country programme, 2005-2010

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Social policies reform and communication	2 562	1 300	3 862
Access to social services	1 800	1 700	3 500
Cross-sectoral costs	1 200	-	1 200
Total	**5 562**	**3 000**	**8 562**

Preparation process

18. Following the approval of the CCA by the United Nations country team, the process of developing the United Nations Development Assistance Framework (UNDAF) began in June 2003. Three priority areas for common United Nations action were identified: poverty and social services; democratic governance; and HIV/AIDS. Working groups comprising the United Nations agencies, the World Bank, the Government and members of civil society were established in each of these areas. The UNDAF was finalized in January 2004 and was presented to the President and Prime Minister. The final version of the UNDAF was endorsed by all partners at the Joint Strategy Meeting in March 2004.

19. A strategy paper was developed and reviewed with governmental and non-governmental bodies, and with other United Nations agencies and international organizations. This process benefited from the views and inputs of the First Deputy Prime Minister and senior officials from a range of ministries. The feedback from this broad range of partners was reflected in the UNICEF country programme, which was also approved at the Joint Strategy Meeting.

20. As the national Comprehensive Development Framework continues until 2010, the country team agreed that the UNDAF should conform to this timeframe. As a result, the proposed country programme of cooperation will be for six years, for the period 2005-2010.

Goals, key results and strategies

21. The overall goals of the country programme are the realization of the rights of every child and achievement of the Millennium Development Goals. It also aims to

ensure access for poor and vulnerable women and children to resources and quality social services

22. As a result of the country programme, government and civil society will jointly formulate and implement legislative and administrative frameworks that promote and support child rights. Public policies, strategies and actions which increase access to resources for poor and vulnerable children, young people and women and basic services will be in place. Poor communities, local governing bodies and young people will participate actively in programmes designed to increase opportunities for the enjoyment of their rights.

23. A series of strategic shifts is essential for the achievement of these results. Policies need to be changed to focus on the promotion of child rights and the reduction of vulnerabilities created by macroeconomic policies. This will also require strong advocacy to sensitize decision makers on problems affecting children and to mobilize their support for child rights. Consideration of children and their rights will need to be institutionalized within both the policy-making process and programming at national, local and departmental levels. Children, young people and women increasingly have to become a priority on the political agenda and within reform processes. Strengthened capacities of local authorities and communities to mobilize resources and institutionalize the protection and realization of children's rights through decentralized decision-making and financing will also be needed.

24. Strategies will include building the capacities and influencing the perspectives of local authorities, families and communities to recognize and effectively realize children's rights. Models of programmes for children, women, and young people will be developed in the field and scaled up to national level, and local governments will be supported in the design and implementation of interventions and in working directly with communities.

25. UNICEF will also support efforts to address emerging patterns of exclusion, discrimination and vulnerability. The programme will seek to reach the most disadvantaged and marginalized groups of children through: integrated programming and results-based management; enabling communities and families to identify and respond to the needs and problems of vulnerable groups of women and children; and integrating action on gender equality into all ongoing activities.

Relationship to national priorities and the UNDAF

26. The programme is designed to support and achieve the outcomes identified by the UNDAF in its three priority areas of poverty and social services, governance and HIV/AIDS. It has also been closely framed to respond to the national priorities articulated in the Comprehensive Development Framework and the NPRS. The UNICEF programme will contribute directly to the latter, in particular the implementation of social reform, the promotion of social mobilization for development and the reduction of child poverty.

Relationship to international priorities

27. Under the UNDAF umbrella, the country programme will contribute to the achievement of all Millennium Development Goals, with a particular focus on child survival and reduction of malnutrition. With the UNDAF making a special priority of HIV/AIDS, it is expected that the programme will also contribute to that goal.

The present country programme also clearly relates to the goals of *A World Fit for Children* and will firmly support the follow-up proposed for Kyrgyzstan. The priorities of the UNICEF medium-term strategic plan are fully reflected in the programme's strategic design and focus.

28. The country's first and second reports to the Committee on the Rights of the Child were submitted in 2000 and 2003. There has been follow up on a number of the Committee's recommendations, including the establishment of an interministerial body to monitor child rights, known as *New Generation*, that is housed in the Office of the Prime Minister. The Government's second report on the Convention on Elimination of all Forms of Discrimination against Women, together with an alternate report prepared by a coalition of non-governmental organizations (NGOs), was reviewed by the Committee on the Elimination of Discrimination against Women in 2003. Kyrgyzstan participated in the General Assembly Special Session on Children and the Government has modified the National Action Plan for Children to conform with the directions of *A World Fit for Children*.

Programme components

Social policy reform and communication

29. Since the early 1990s, there has been a dramatic increase in poverty, large-scale internal migration from poor rural areas to the cities and a steady decline in social expenditure and access to quality basic services. The deteriorating economic and social status of many families has undermined their capacities to provide adequate care and security to their children. Social exclusion has increased greatly. The NPRS, in its separate section on child poverty, underlines the growing numbers of malnourished children, street and working children, abandoned and institutionalized children and the increasing number of young people using drugs and/or infected with HIV/AIDS.

30. As a result of this programme component, child rights will become a major priority on the political agenda at both central and local levels. At the policy level, a national strategy will be in place for social inclusion and reduction of child poverty. By 2008, a comprehensive family policy will be formulated and its pilot phase evaluated by 2010. In support of these initiatives, local governing bodies will apply the legislative and administrative social policy reforms, and effective mechanisms for financial decentralization will be in place.

31. Policies and strategies to protect children from violence, exploitation, abuse, neglect and discrimination will also be adopted and implemented. At both central and local levels, the protective environment for children will be strengthened through the development of capacities to assess, analyse and address issues of protection and social inclusion. A mechanism will be established at local and national levels to identify, register and address forms of child abuse, neglect and exploitation. The legislative and administrative framework for juvenile justice will be reformed in accordance with international standards.

32. In order to achieve these results, UNICEF will advocate for the implementation of the State Programme on Social Mobilization to reduce child poverty in four *oblasts* — Naryn, Talas, Jalalabad and Batken. These *oblasts* were selected because current data shows that they have the lowest levels of household income, as well as the poorest indicators of child survival and development.

UNICEF will participate in policy formulation and dialogue, promote policy change for child protection and social inclusion, and mobilize partners at national and local levels to implement strategies to reduce child and family poverty. A sustained and comprehensive advocacy campaign will be launched to make child rights a high priority on the political agenda, as well as a priority for public investment.

33. The programme will also support the development of indicators and the establishment of a monitoring mechanism for child poverty. Data collection, research and monitoring will create a solid base for policy analysis of the impact of poverty on children, which will be used for advocacy through the NPRS and for the formulation of a "child-friendly" budget. Participatory assessment and action planning tools will build capacities in the poorest communities and will help to include children and family concerns into social planning.

34. A strong information, education and communication strategy will be adopted jointly with governmental and non-governmental bodies to promote child rights and behavioural change. Technical assistance will be provided to build systems and mechanisms to address violence, abuse and exploitation of children. UNICEF will support local research bodies and academic institutions to assess and analyse protection issues.

35. As reflected in the UNDAF results matrices on poverty alleviation and social services and governance, this programme will be implemented in close cooperation with the United Nations Development Programme (UNDP), the United Nations Development Fund for Women (UNIFEM) and the World Bank. Among the bilateral donors, collaboration will be established with the German Agency for Technical Cooperation (GTZ), the United Kingdom Department for International Development (DfID), USAID, and the European Union. Regular resources will be used mainly for policy-related advocacy and communication for change. Other resources will be provide additional support to capacity-building at the community level to address child poverty and create a protective environment for children.

Access to social services

36. Current indicators show poor MCH and nutrition. The overall environment for the implementation of health reforms has weakened. Iron-deficiency anaemia and vitamin A deficiency are widespread. Very few pre-school children now have access to kindergarten. Alongside steps to promote integrated early childhood development (IECD) at the policy level, innovative ways are needed to create the necessary environment for IECD at the community and family levels. The quality of education, particularly in rural areas, has deteriorated, with many children not attending school. Studies have shown that the current level of knowledge of HIV among young people and its causes and how to protect against infection, is extremely low. Access to proper counselling and voluntary HIV testing is minimal.

37. Key results under this programme component will include the adoption of a national policy and standards for IECD. Nationwide, 50 per cent of pre-school-age children and their parents, especially from marginalized groups, will participate in integrated, community-driven health, nutrition and early learning activities. At least 50 per cent of pregnant women, mothers of young children and children under five years of age nationwide will have access to quality primary health care (PHC) services. Vitamin A deficiency among children and anaemia among women will be reduced by one third. Elimination of IDD will be achieved and sustained. The

community-based early childhood development (ECD) project supported by the Asian Development Bank will partially replace GAVI support in 2006 and the Government will achieve independence in the procurement of vaccines for the expanded programme on immunization in 2008.

38. Quality learning will be introduced into curricula for all school grades. All children in the four *oblasts* of Batken, Naryn, Talas and Jalalabad will have access to quality education. These provinces showed the worst results in basic learning competencies following the monitoring of learning achievement tests in 2001 and 2003.

39. Ninety per cent of adolescents and young people in the country will be equipped with the knowledge and skills to manage and minimize risky behaviours, focusing on prevention of HIV/AIDS. "Youth-friendly" services will be set up in four *oblasts* (Osh, Bishkek, Naryn and Batken), allowing access to quality and affordable services for the majority of adolescents and young people.

40. To address the deprivations of children's, young people's and women's rights, UNICEF will focus on both duty bearers and rights holders in the poorest communities throughout the country. Interventions will build capacities and increase knowledge of service providers and caregivers in the PHC system on IECD to improve access to the required services. In addition to building capacities at the primary levels of health care, UNICEF will address iodine, iron and vitamin A deficiencies at the national level by continuing support for salt iodization, food fortification and supplementation. Efforts will be made to establish a stronger enforcement system for salt iodization. Advocacy will continue at the highest levels of government for reduction of the high child mortality rate and greater attention to child survival.

41. Families and communities will be mobilized through participatory techniques both to demand better quality services and to take appropriate actions themselves to promote IECD and monitor progress in child development. Child protection interventions, including family support and counselling to prevent institutionalization of children and child labour, will be supported to ensure that a protective environment is in place for vulnerable families. UNICEF will also support training in participatory development and social mobilization, building on the earlier success in promoting community management of education. Local authorities and civil society organizations will undertake joint data collection and analysis and integrated planning, management and monitoring to ensure school enrolment and retention and prevent child labour. Special emphasis will be given to ensuring equal access to education for girls, especially in the south of the country where indications of gender discrimination are emerging. The curriculum for all school grades will be revised to incorporate the global education approach to "child-friendly", gender-sensitive learning.

42. UNICEF will support the introduction of life-skills-based education, focusing on prevention of HIV/AIDS and drug use, in formal and non-formal settings. UNICEF will also advocate for the incorporation of "youth-friendly" services into the health reform process and support the training of medical workers in "youth-friendly" approaches. Advocacy and social mobilization with civil society and policy makers will aim to reduce stigma and discrimination against especially vulnerable adolescents and young people, including those living with HIV/AIDS. In direct support of this effort, institutions and mechanisms will be established to

promote meaningful participation of adolescents and young people in decision-making processes affecting their lives.

43. As shown in the UNDAF results matrices on poverty alleviation and social services, governance and HIV/AIDS, this programme will be implemented in close cooperation with the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNDP, the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNFPA, UNIFEM, the United Nations Office on Drugs and Crime (UNODC), the United Nations Volunteers (UNV), the World Bank and WHO. The Asian Development Bank will be a key partner in addressing ECD, micronutrient deficiencies and education. Among bilateral donors, collaboration will be established with DfID, and the European Union, the Swiss Agency for Development and Cooperation and USAID. GAVI, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and the Global Alliance for Improved Nutrition will be important partners. Regular resources will be used mainly for support to PHC, community-based IECD, community management of education and improving the quality of education. Other resources will support work on micronutrient deficiencies, HIV/AIDS and life-skills education, and for expanding the coverage of effective community-managed initiatives.

44. **Cross-sectoral costs** will cover recurrent costs such as operating expenses for communication, the salaries and travel of cross-sectoral staff, training and the provision of some office equipment.

Major partnerships

45. The success of the proposed country programme will require strong partnerships and synergy between UNICEF-supported strategies and interventions, and a range of other actors in development. Convergence with the programmes of other members of the United Nations system, particularly UNAIDS, UNDP, UNESCO, UNFPA, UNIFEM, UNODC, UNV, WHO and the international financial institutions, will be required to ensure that the overall outcomes of the country programme contribute to achieving the outcomes of the UNDAF. Work on HIV/AIDS will be coordinated through the United Nations theme group.

46. Partnerships with families, communities and local institutions will be promoted in order to strengthen their participation in and ownership of interventions. Partnerships with civil society groups, including women's and children's organizations and youth NGOs, will be strengthened and opportunities created for interactions between policy makers and civil society. Synergies with other donors will be explored, not only for resource mobilization but also to solicit their support for advancing children's rights. Support from the highest levels of government will continue to be promoted through partnerships with the President's and Prime Minister's Offices and a broad range of relevant ministries, including a new association with the Ministry of Local Government. Continued partnerships with the private sector, especially the salt manufacturing and milling industries, will be important to sustain and improve iodization and fortification.

Monitoring, evaluation and programme management

47. Major indicators for monitoring progress towards the achievement of the country programme's results will include, inter alia, the percentage of children receiving full and timely vaccinations, including new and underused antigens; the

percentage of children under six years of age attending community-based ECD services; the number of community-based services in support of families with children; the number of children in the target provinces attending quality schools; the number of villages implementing community management of education; and the percentage of young people aged 13-18 years, by age, sex and location, who correctly identify measures to prevent HIV infection.

48. An integrated monitoring and evaluation plan will incorporate the research, monitoring and evaluation activities of the country programme. There will be annual programme reviews and the mid-term review of the programme will be held at the beginning of 2008. Community monitoring systems, focus groups and participatory evaluations will be used, and the preliminary results of the multiple indicator cluster surveys will be available by 2005. Monitoring and evaluation outputs will also be used for advocacy with the Government to strengthen policies and programmes. The UNICEF contribution and progress under the UNDAF will be monitored using the UNDAF monitoring and evaluation plan, and UNICEF will support the evaluation of the UNDAF in 2009 in collaboration with other United Nations agencies, the Government and other national partners.

49. The partnerships with the Innocenti Research Centre's MONEE group and the National Statistics Office will be continued and strengthened. Together with the other United Nations agencies, UNICEF will assist the Office and other relevant government departments to use *DevInfo* for monitoring the Millennium Development Goals and child rights. Data will be disaggregated by gender and by particular vulnerable groups of children.

50. The Deputy Prime Minister for Social Affairs is responsible for coordination of the UNICEF country programme.

51. UNICEF in Kyrgyzstan will have the status of a full country office as of 1 January 2005, in line with the support budget approved by the Executive Board in 2003.

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Draft country programme document***

Romania

Summary

The Executive Director presents the draft country programme document for Romania for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $3,385,000 from regular resources, subject to the availability of funds, and $11,615,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2009.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.

** E/ICEF/2004/8.

*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	4.8
U5MR (per 1,000 live births)	21
Underweight (%, moderate and severe, 2000)	5
Maternal mortality ratio (per 100,000 live births, 2001)	34
Primary school enrolment (% net, male/female, 2000/2001)	93/93
Primary school children reaching grade 5 (%, 1996)	96
Use of improved drinking water sources (%, 2000)	58
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old)	
GNI per capita (US$)	1 850
One-year-olds immunized against DPT3 (%)	99
One-year-olds immunized against measles (%)	98

The situation of children and women

1. Romania's population in 2002 was approximately 22 million, more than half of whom live in urban areas. According to the 1999 Reproductive Health Survey (RHS), 5 per cent (1 million) of the population consider themselves of Hungarian origin, and 5 per cent (1 million) as Roma. There are 5 million children under the age of 18 years. The total fertility rate was 1.3 children per woman in 2001, reflecting a declining population.

2. Romania finds itself at an important juncture. The target year for accession to the European Union — 2007 — is close. The pace of reform has been rapid and will need to accelerate further to achieve the targets for accession. With such a fast-moving and changing environment and high aspirations, there is a risk, however, that the complexity of the reforms and their impact on children, young people and women may be overlooked.

3. Romania has made significant progress towards creating a pluralist governance system and moving to a market economy. The Government has shown considerable commitment to a reform process. A number of laws, policies and programmes have been adopted. Seven national plans of action covering most of the goals of *A World Fit for Children* have been launched during the last three years and are being implemented.

4. A series of development challenges still remain, however. In reviewing Romania's report in January 2003, the Committee on the Rights of the Child highlighted the continuous discrimination against Roma children and the girl child, underscoring the weak implementation of enacted legislation and the need to further facilitate the involvement of civil society and the private sector in service provision. The Committee also underlined the importance of increased budgetary allocations for education and health, as well as the need for fiscal decentralization, with a particular focus on children living in disadvantaged counties.

5. Steps have been taken to improve the budget process, but monitoring and oversight of public spending remains weak. The 2003 Common Country Assessment (CCA) found that corruption continues to affect Romania's image and the functioning of its public institutions. Despite economic growth of 4 per cent in both 2001 and 2002, and a relatively high gross national income per capita of $1,850, 23 per cent of the population, mostly in rural areas, live below the poverty line. Despite economic growth, unemployment increased to 8 per cent in 2002 with double figures among 15-24-year-olds. Young people in rural areas increasingly run the risk of being recruited into the drug trade and human trafficking.

6. After reaching a peak of 100,000 in the mid-1990s, the number of institutionalized children decreased to fewer than 37,000 by the end of 2003. By mid-2003, 50 per cent of children deprived of parental care were living in a family environment, compared to 20 per cent in 1997. Over the last few years, there has also been a reduction in the number of children with disabilities living in residential care institutions. More than 18,000 children with disabilities were integrated into regular schools during the 2001-2002 school year, although the school system was not completely prepared for this.

7. Romania is one of the three largest source countries in the world for adoptions. Between 1994 and 2000, more than 12,000 children were adopted by families outside Romania. Mismanagement and corruption led to a moratorium on intercountry adoptions in 2001. The lifting of the moratorium is conditional on the ratification of a new adoption law and the creation of appropriate structures.

8. A 2000 study on child abuse in residential care institutions, carried out by the National Authority for Child Protection and Adoption with UNICEF support, found child abuse to be widespread, albeit at lower levels in recent years. Almost 50 per cent of children interviewed confirmed the use of beating as punishment. One third of children were aware of cases of children being sexually abused, with the majority of abusers being other children. Another study in 2000 found that 47 per cent of parents reported that they frequently used beatings as a means of disciplining their children.

9. The estimated number of children living in the streets has decreased from 3,200 in 2000 to 1,900 in 2003, of whom 300-400 are in Bucharest alone. There are more than 70,000 working children, i.e., about 2 per cent of children aged 5-17 years. The worst forms of child labour are found among rural, Roma, street and trafficked children. It is difficult to assess the number of children involved in trafficking, but Romania is both a large source and a main transit country for trafficking. According to police records, approximately 800 children and women were trafficked between 2000 and 2003, but this figure is believed to be far below the actual number. The number of children in conflict with the law declined to approximately 14,000 cases in 2001 but is still higher than in 1990. Due to a lack of alternatives and understanding, imprisonment is still seen as the only recourse by many judges, who have no special training for cases involving minors.

10. The adult HIV prevalence rate is estimated to be less than 0.1 per cent. A growing number of HIV/AIDS infections are among intravenous drug users and young people. There are an estimated 30,000 injecting drug users in Bucharest alone. Hepatitis C and B are also prevalent among these groups, suggesting a high rate of needle sharing. Knowledge about prevention and transmission of HIV/AIDS has increased over the last decade, although less significantly in rural areas and

among the Roma minority. According to the 1999 RHS, as few as 23 per cent of young people had a comprehensive knowledge of HIV/AIDS. Among the 10,000 persons living with HIV/AIDS, 7,000-9,000 are children infected nosocomially during 1986-1991.

11. The enrolment rate for 3-6-year-olds in pre-schools increased to more than 70 per cent for the 2002-2003 school year, but is only 20 per cent among Roma children. Reduced budgetary allocations and a widening gap in incomes are increasingly excluding vulnerable children from pre-school education.

12. The net enrolment rate for grades 1-8 is 88 per cent, with no marked gender disparity but with lower rates in rural areas. Only 61 per cent of Roma children 7-16 years old were enrolled in school in 1998, a shortfall related to poverty and the lack of flexibility of the formal school system to cater for minority needs. The school system is also struggling with inadequate infrastructure, outdated and gender-insensitive school curricula and deficiencies in teaching materials. The proportion of unqualified teachers in rural areas is almost twice that in urban areas. The Committee on the Rights of the Child underlined the need to increase the length of compulsory education and to ensure that curricula and teaching methodologies include critical thinking and problem-solving.

13. One of the achievements of the country has been in reducing infant and child mortality. The infant mortality rate (IMR) and under-five mortality rate both have continued to decline, reaching 19 and 21 per 1,000 live births respectively in 2002. According to the 1999 RHS, the IMR among Roma was twice that of other Romanian infants. Eighty per cent of infant deaths are due to perinatal causes, respiratory diseases and congenital malformations. Perinatal deaths are caused by premature birth and low birth weight, indicating the need for improved antenatal care. Romania has a well-functioning vaccination system, reaching close to 100 per cent of children. The national nutrition surveillance programme indicated that the incidence of stunting increased from 9 per cent in 1991 to 20 per cent in 2000, with the highest rates in the Moldova region. Anaemia among children is high (50 per cent), while 40 per cent of pregnant women and 30 per cent of young mothers with children under five are anaemic. Exclusive breastfeeding is virtually unknown. The median urine iodine excretion in school children is well below international standards. Only 53-64 per cent of households use iodized salt.

14. At 34 per 100,000 live births in 2001, the maternal mortality ratio corresponds to approximately 75 maternal deaths per year. One half of these deaths are due to abortions, which often are not medically supervised. Thirty per cent of abortions take place among women under 24 years. Among the causes of the high abortion rate are the lack of knowledge among women and lack of confidence in family planning services.

15. Civil society structures in the country remain weak and too often depend on public resources. Existing spaces for participation of non-governmental groups, community organizations and young people in institutions that affect their lives (schools, residential care institutions, community and social centres) are to be reinforced and extended. The capacities of development partners, including the media and the private sector, to work with the Government in providing a framework for participation of excluded groups, remain to be built.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

16. The previous programme aimed to support Romania during a difficult period of economic transition, with a focus on ensuring that the rights of children, especially the most marginalized, were protected. Among the key results were the adoption and implementation of a set of legislative packages, strategies, and action plans that led to institutional reform. This included the development of manuals and guidelines for care and service delivery in the areas of social welfare assistance, juvenile justice, child trafficking and exploitation, and social integration of young people. A new decentralized government strategy on the protection of children in difficulty was introduced. Integrated, community-based services for vulnerable and marginalized children were put in place by local government structures in 12 counties.

17. New legislation on universal salt iodization was introduced. A National Nutritional Surveillance System has been created. Changes in policies, standards and protocols for maternal and child health led to better quality and more client-friendly health facilities. This included the establishment of a National Breastfeeding Committee, which led to the relaunching of the Baby Friendly Hospital Initiative (BFHI) and the declaration of 10 major hospitals, covering 25 per cent of births, as "baby-friendly". The network of community nurses expanded. In collaboration with the Ministries of Health and Education, life-skills-based health education was introduced into school curricula, and teachers in 10,000 schools were using these health education materials by the end of 2003.

18. A national multisectoral AIDS commission was established with support from UNICEF and other cosponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The National Strategy on HIV/AIDS was revised. With support from UNAIDS, UNICEF and the World Health Organization, Romania was accepted into the Accelerated Access to Care programme in 2001 and was able to benefit from reduced prices for antiretroviral drugs. The number of people living with HIV/AIDS receiving antiretroviral therapy increased from 3,800 in 2000 to 5,200 by the end of 2003.

19. Approximately 10,000 parents improved their child-rearing skills through participation in parenting classes. National strategies were introduced for early childhood development (ECD) and education of Roma children. Of 56 local child and youth councils, 11 are now able to promote child rights and facilitate the participation of children. Over 10,000 children in pilot counties have been exposed to education about child rights and human rights.

Lessons learned

20. The 2002 mid-term review (MTR) noted that the programme had encountered difficulties in going to scale with best practices. It also emphasized the importance of identifying innovative interventions with the potential to be replicated and sustained.

21. The MTR also highlighted the need for strengthened monitoring and evaluation to improve programme implementation. A number of internal programme

assessments that relied on focus group discussions were found to be insufficient and need to be supplemented by external evaluations. An assessment of previously supported innovative projects will assist in understanding the criteria needed for replication.

22. A review of UNICEF efforts in the area of child protection found that many local authorities need better regulatory frameworks and professional competencies in management, as well as good-quality assessment tools. Similarly, many local physicians lack a broader public health perspective and managerial skills.

23. While Romania's process of accession to the European Union is ongoing and necessary reforms are being implemented, the improvement of the health, education and protection of Romanian children, especially those from marginalized groups living in underserved areas, has been slower than expected. Among the challenges that will need to be addressed is the sustainability of the policy development processes already being implemented. This has underlined the urgency of strengthening the tracking of socio-economic indicators during the coming period. It will be important for the programme to monitor that change and adjust its focus in tune with the evolving situation.

The country programme, 2005-2009

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Child rights monitoring	500	500	1 000
Child protection	500	5 000	5 500
Health, nutrition and HIV/AIDS	500	3 200	3 700
Education	635	2 915	3 550
Cross-sectoral costs	1 250	-	1 250
Total	**3 385**	**11 615**	**15 000**

Preparation process

24. The preparation of the CCA and Romania's second United Nations Development Assistance Framework (UNDAF) started in December 2002. Six thematic working groups collaborated closely with government partners and non-governmental organizations (NGOs). UNICEF chaired the UNDAF inter-agency Steering Committee, in which the United Nations Development Programme and other agencies also participated.

25. The preparation of the country programme started in November 2003, overseen by the Ministry of Foreign Affairs. The programme is based on the CCA/UNDAF recommendations. Three sectoral working groups comprising line ministries, institutions and NGOs contributed to a strategy paper. Consultations with children resulted in a set of recommendations reflecting their views, which were fed into the programme preparation process. A Joint Strategy Meeting reviewed and endorsed

the UNDAF results matrix and provided an opportunity for review and approval of the country programme in the context of accession to the European Union.

Goals, key results and strategies

26. The country programme aims to support Romania in ensuring that all children and young people, including the most vulnerable and marginalized, can grow up in a caring family or family-like environment and that their fundamental rights for survival, development, participation and protection are fully realized.

27. Strategic results to be achieved by the end of 2009 will include the establishment of a monitoring system for child rights which will be influencing policy at the national and subnational levels. In addition, the most vulnerable and marginalized children, young people and women will enjoy an improved and sustainable protective environment and will have increased access to services to improve their health and nutritional status. All young people will be able to protect themselves from HIV/AIDS infection and children already infected by HIV will have access to appropriate care and support. Children from vulnerable families and groups will have improved access to quality and inclusive education, leading to increased completion rates for compulsory schooling. There will be increased participation of civil society on issues affecting children and improved capacity of young people to influence decisions that affect their lives.

28. The strategic results will be achieved in two phases, with a focus during the pre-accession period (2005-2006) on reinforcing national capacities and filling gaps in policy development. Current trends in socio-economic indicators point to the important role the 2005-2009 country programme may have, after the effective accession date, to support the realization of the rights of children.

29. The main strategies of the country programme centre on a human-rights-based approach that will support inclusion and reduce disparities and discrimination. It also will promote integrated inclusive services at a local level and strengthen the role of the family.

30. The programme takes as an important context and strongly complements the reform process undertaken as part of accession to the European Union. This implies a programme that is moving increasingly away from service delivery towards advocacy and capacity-building. Service delivery will primarily support the development of innovative, family-centred interventions that focus on inclusion of marginalized groups and are suitable for replication in underserved areas. The programme will make maximum use of the unique position of UNICEF for advocacy in order to put priority problems of children, young people and women on the national political and policy agendas. Support to monitoring of child rights, social research and knowledge generation will improve understanding of the situation of the most vulnerable and marginalized children and families and contribute to evidence-based advocacy.

31. The capacities of local policy makers, service providers, communities and families in the most underserved areas will be strengthened, based on gaps identified through research and studies. This will be supported by building capacities that promote a second level of reforms which will include systems change for effective decentralization. Strategic partnerships with key NGO federations and community-

based organizations will be strengthened so they can work more effectively with socially excluded target groups.

32. In all programmes, UNICEF will be strategic in the provision of its support, using a mix of policy development, technical assistance and international expertise. Promotion of partnerships and networking, social mobilization and awareness-raising, advocacy and leveraging resources will be integral to each part of the programme. Monitoring and support for local research will be central to the success of the programme.

Relationship to national priorities and the UNDAF

33. Romania has assigned the highest priority to meeting the criteria for accession to the European Union, particularly in developing legislative packages and reforms in key social sectors, health, education and specifically child protection. A number of "nationalized" Millennium Development Goals have also been identified, with clear targets to further reduce child mortality, improve maternal health and assure primary and secondary education. The strategic results of the programme correspond directly to these national targets, the CCA/UNDAF, the National Strategy on HIV/AIDS and the national strategy for the protection of children in difficulty With its focus on the family environment, decentralization, intersectoral interventions and broad-based partnerships, the UNICEF country programme directly supports these national goals.

34. The UNDAF outcomes are related to the three priority areas of capacity-building for good governance, economic growth and basic social services. The strategies and expected results of the programme will contribute to two of the three UNDAF outcomes, good governance and basic social services.

Relationship to international priorities

35. As the programme has been developed in the context of achieving the national goals mentioned above, it is consistent with the Millennium Development Goals.

36. The programme addresses all priorities of the UNICEF medium-term strategic plan with the exception of immunization "plus", because Romania has a well-functioning immunization system. Support for girl's education will include a focus on increased enrolment rates among rural and Roma children and the promotion of a balanced and gender-sensitive curricula. ECD will be supported through launching of the Integrated Management of Childhood Illness (IMCI) and Making Pregnancy Safer initiatives, and expanding BFHI and other interventions to promote breastfeeding, improved micronutrient status and salt iodization. ECD will also be supported through enhancing the system of pre-school and parents' education, and through interventions for preventing abandonment of children. Fighting HIV/AIDS will be addressed through support to the large group of children and young people living with HIV/AIDS and strengthening prevention efforts among highly vulnerable young people.

37. Improved protection of children will be supported through integrated policies and services that target vulnerable families and communities while promoting inclusive restorative policies and services for marginalized groups of children in underserved areas. UNICEF will also explore regional opportunities to promote young people's development and participation. Gender mainstreaming, focusing on

vulnerable and marginalized groups in underserved areas, will be explored in all programmes.

Programme components

Child rights monitoring

38. In a context of rapid change in the sense leading up to accession to the European Union, the importance of investing in children and ensuring that social safety nets are in place and working effectively becomes central. There is ample evidence that transition to a market economy has resulted in social costs for children, young people and women which are often concentrated on certain groups. An example is the decline in children's nutritional status since 1993, a deterioration which is often associated with women's eroding educational status. The changing attitudes and behaviours of young people reflect their having borne the brunt of changes during the transition to a new model of economic development.

39. A comprehensive monitoring system is needed for regular assessment of trends in children's well-being and progress on children's rights during this period of rapid change. This is required both at national and subnational levels. Policy frameworks and standards are not yet fully supportive of child rights. The Committee on the Rights of the Child underlined the need for a comprehensive national plan of action for children; an ombudsman for children; and strengthening of the National Authority for Child Protection and Adoption.

40. This programme component will centre on monitoring of child rights. It will include the establishment of a child rights information tracking system, using disaggregated data to inform policy. UNICEF will support an independent monitoring structure for children's rights, including strengthening the newly established Child Rights Observatory and the position of ombudsman for children. The programme will help create a vision of broad social change needed to ensure positive social outcomes for children, young people and women during the this period of transformation. It will support monitoring of implementation of the Convention on the Rights of the Child, achievement of the nationalized Millennium Development Goals and progress towards the goals of *A World Fit for Children* and *Romania Fit for Children*.

41. The programme component will also work in the area of communication and partnerships for social change. In order to translate the data on trends and analysis of progress for the realization of child rights into policy, a major effort will be needed in terms of communication and building alliances around children's rights. UNICEF will support the establishment of informal and formal forums where parliamentarians, political leaders, the media and civil society are able to have a dialogue on priority concerns affecting children, young people and women and take a leadership role in promoting appropriate policy changes. Spaces for partnerships with young people will be created, including involving young people in monitoring processes and carrying out studies. This programme component will be undertaken in partnership with sectoral ministries, civil society organizations including NGOs and the various federations of child rights organizations.

Child protection

42. Progress toward reform of the social support system still faces a number of challenges, especially related to exclusion of certain groups, notably Roma and other minorities. There are at present limited capacities to monitor and prevent violations of children's rights. Family-based alternatives to institutions are only beginning to be established. There are limited capacities to provide of integrated restorative services at the local level. Attitudes and practices among parents and local service providers remain unsupportive of child rights.

43. Working at the level of child and family welfare policies, UNICEF will provide support to review and ensure a strengthened overall child protection and welfare system. A set of inclusive policies and legislation in favour of children, women and families, particularly the most vulnerable, marginalized and excluded, will be developed, implemented and monitored. Social service providers will have strengthened knowledge of and supportive attitudes and practices on key protection issues. An increased number of children in 10 counties who need protection and family-based reintegration will have access to inclusive, integrated social services. UNICEF will support the National Authority for Child Protection and Adoption in its coordinating and regulatory role, and promote and facilitate the complementary role of NGOs as accredited service providers, especially at local levels.

44. Secondly, the programme will focus on provision of integrated quality services for vulnerable children. UNICEF will support the development of capacities of local social services to provide inclusive and integrated community-based protection and restorative interventions. It will also support the establishment of a referral system. Innovative models of family-based care will be supported and assessed for possible replication. UNICEF will assist in national research and studies in order to better understand social support mechanisms of excluded groups, including the assessment and analysis of best practices, standards and norms of service providers and communities in targeted counties.

45. The main partners will include the Ministry of Labour, Social Solidarity and Family, the National Authority for Child Protection and Adoption, the Ministry of Education, Research and Youth, and the Ministries of Health, Justice and Internal Affairs. UNICEF will also work in partnership with a number of experienced NGOs, universities, research institutions, media, local authorities and youth and children's associations. The programme component will be funded primarily by other resources.

Health, nutrition and HIV/AIDS

46. Children and women in certain population groups, especially the Roma minority and in underserved areas, continue to have high levels of child morbidity and mortality, and poor nutritional status. The quality of health services is still low, especially in rural areas. There is a high number of unwanted pregnancies and subsequent abandonment of infants, particularly among young women. The Committee on the Rights of the Child emphasized the need to renew efforts to implement the National Health Strategy and to ensure that adolescents have better access to medical and psychosocial counselling, especially taking into account the high rate of new HIV/AIDS infections among young people, particularly minorities and the especially vulnerable. Discrimination is still encountered by the large group of children and young people living with HIV/AIDS.

47. This programme component will assist the Government to improve health and nutrition policies and services. Enhanced national policy and programme frameworks and standards will ensure that children and women have better access to client- and "youth-friendly" health facilities and to affordable, effective nutrition interventions. UNICEF will support the promotion of inclusive health and nutrition policies that include integrated approaches to family health and community services under the IMCI and Making Pregnancy Safer initiatives. Support will also be given to the development and monitoring of secondary reforms, including legislation and policies for child and maternal nutrition. In addition, UNICEF will assist the expansion of the community nurses' network to all underserved areas. Inter alia, this will help to ensure that the rate and duration of exclusive breastfeeding is increased. Caregivers in the same underserved areas will have the knowledge, skills and appropriate attitudes to practice eight identified key early childcare practices, as part of IMCI.

48. In the area of HIV/AIDS and youth health, and as a complement to activities being funded by the Global Fund to Fight AIDS, tuberculosis and malaria, the programme component will promote the rights of all children living with HIV/AIDS, with an emphasis on the 7,000-9,000 who were infected between 1986 and 1991. Children and young people with HIV/AIDS will have access to improved care and will experience less discrimination in their lives. Young people will have increased knowledge and skills and improved access to quality services needed to prevent HIV/AIDS, sexually transmitted infections and drug use. To this end, UNICEF will support life-skills-based education to promote awareness among young people. "Youth-friendly" services, including voluntary and confidential counselling, will be supported through innovative interventions and advocacy. Prevention of mother-to-child transmission of HIV will also be supported, primarily through policy development. Key partners will be the Ministry of Health and the multisectoral HIV/AIDS commission. This component will be funded primarily from other resources.

Education

49. A significant proportion of young children in Romania do not benefit from an integrated approach to ECD. The low enrolment rate of Roma children in pre-school and primary education is a major obstacle to breaking the intergenerational cycle of exclusion. There is a need to make the school environment, curricula and methodologies more inclusive, "child-friendly" and gender-sensitive. Children do not have opportunities to participate in decisions concerning their education. The Committee on the Rights of the Child underlined the need to increase the length of compulsory education and to ensure that primary and possibly secondary education be free for all children. It also urged that school curricula and teaching methodologies include critical thinking and problem-solving.

50. The programme component will lead to an increased number of children under six years of age, especially Roma children, having access to affordable and culturally sensitive ECD programmes in 10 of the most disadvantaged counties. An increased number of Roma children, particularly girls, will complete 10 years of compulsory quality education, with opportunities to realize their right to participation in educational structures and institutions that affect their lives.

51. The programme component will also promote an integrated approach to ECD. UNICEF will support the development of inclusive policies and standards for ECD, crèches and pre-schools. These efforts will build on ongoing reforms and pay particular attention to the inclusion of Roma and other disadvantaged children. The project will also support the development and implementation of ECD curricula.

52. Improving access to quality education for vulnerable groups will be another focus of the programme component. UNICEF will support the development of policies and strategies that will lead to increased enrolment and retention of Roma and other vulnerable children as part of compulsory education. The targeting of at-risk families with integrated services will be linked to the system of Roma school mediators and will be implemented in the same 10 target counties. UNICEF will support the development of curricula based on democratic citizenship and the principles of life-skills-based and civic education. Policies for mainstreaming the principles of gender equity, non-discrimination, inclusion and student participation will be supported. The main partners will be the Ministry of Education and Research and a number of experienced NGOs. The component will be funded from other resources.

53. **Cross-sectoral costs** will cover the salaries of programme, planning and support staff; technical assistance for several programmes; travel costs; expenses related to logistics, communication and information, including support to the UNICEF web site; and the launch of major cross-sectoral advocacy campaigns not directly related to individual programmes.

Major partnerships

54. The accession process includes ongoing legislative alignment and financial assistance from the European Union. The reform process forms the basis for strengthened partnerships over the coming years. UNICEF will work closely during the pre-accession period with the European Union delegation to contribute to the leveraging of new funding sources, including building new partnerships between the private sector and NGOs. A strong advocacy and communication strategy will be developed with key stakeholders and will facilitate this transition. Inter-agency cooperation will be ensured through the UNDAF and centre on common areas of concern as exemplified by HIV/AIDS and child trafficking. The UNDAF MTR will provide guidance for the development of partnerships for the last two years of the programme.

55. The protection component will be coordinated by the National Authority for Child Protection and Adoption, with main partners including the European Union, the World Bank, the Department for International Development (United Kingdom) and the United States Agency for International Development (USAID). The multi-sectoral HIV/AIDS commission, of which UNICEF is a member, coordinates the implementation of the National AIDS Strategy, with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the private sector. The Ministry of Health will coordinate interventions in the areas of health and nutrition with major contributions from the World Bank and USAID. Guided by the Ministry of Education, the main funding partners in compulsory education are the European Union and the World Bank, and will be complemented by the programme's focus on capacity-building and curriculum development. UNICEF will strengthen partnerships with the National Committees for UNICEF of European Union

members and with the private sector around regional priorities such as supporting the inclusion of Roma minority, and fighting HIV/AIDS and trafficking of children and women.

Monitoring, evaluation and programme management

56. A five-year integrated monitoring and evaluation plan (IMEP) will be developed and linked to the UNDAF monitoring and evaluation framework. This will include research, studies, surveys, evaluations and key indicators based on the country programme's summary results matrix and the UNDAF results matrix. Evaluations will be conducted on child protection reform, Roma education activities and specific components of the health programme. UNICEF will also support the evaluation of the UNDAF in 2008, in collaboration with the Government and national partners. The monitoring system will be based on annual monitoring and evaluation plans; regular field trips; progress reports; annual reviews; and the MTR. *DevInfo* will be used for monitoring of children's rights. The MTR, planned for 2007, will take into account recommendations related to the European Union accession process and to findings of the Committee on the Rights of the Child, whose report is due in October 2007.

57. The Ministry of Foreign Affairs will be the national coordinating body for the UNICEF country programme. A five-year country programme action plan and annual action plans will be developed together with relevant line ministries and subsequently reviewed and signed jointly by the Ministry of Foreign Affairs and UNICEF. These plans may be revised based on recommendations from annual reviews and the MTR.